

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT	CORPORATION ANNUAL REPORT FOR THE YEAR	201	4	•

Filing Fee: \$20.00 •	FAILURE TO FIL		l or printed legibly. ULY 30 WILL RESULT IN A \$25	5.00 PENALT	\$2014 00 Y FEE. 00		
1. Entity ID No.	2. Exact name of the Corporation				- <u>C</u>		
789087	North Pro	orth Providence Friends of Scouting			22 AT		
3. State of Incorporation	4. Brief descr	iption of the character of b	usiness conducted in Rhode Island	***************************************			
RI	Supportin	ng Scouting program	ns in North Providence	STATE DIV 3: 02			
5. Principal office address None 39 Jackson: 4 Drive			North Providence	State 12 1	^{zip} 02911		
6. LIST ALL OFFICERS (NA		ESSES) ("X" BOX FOR A	ITACHMENT)	****			
President Name			Vice-President Name				
Richard Simonin			David Westcott				
Street Address			Street Address				
29 Atwood Ave.	lo	7:-	439 Angell Rd.	T.C.	T7:_		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904		
Secretary Name	11/1	02304	Treasurer Name	131	02507		
Dmitry Zagadsky			Raymond Spinella				
Street Address		•	Street Address				
6 Woodland Dr.			30 Rosewood Dr.				
City	State	Zip	City	State	Zip		
West Warwick	RI	02893	North Providence	RI	02904		
("X" BOX FOR ATTACHM Director Name Dmitry Zagadsky Street Address			Director Name Richard Simonin Street Address				
6 Woodland Dr.			29 Atwood Ave.				
City	State	Zip	City	State	Zip		
West Warwick	RI	02893	North Providence	RI	02904		
Director Name	Director Name			Director Name			
David Westcott			Raymond Spinella				
Street Address			Street Address 30 Rosewood Dr.				
439 Angell Rd.	State	Zip	City	State	Zip		
North Providence	RI	02904	North Providence	RI	02904		
8. REGISTERED AGENT IN		V2.90-7	NOTAT TOTAL				
 		Office of the Secretary of	f State. Changes require filing Fo	rm 641.	•		
	" —	· · · · · · · · · · · · · · · · · · ·	ry, Assistant Secretary, Treasurer, d		Representative, Receiver		
or Trustee		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
		FILED					
File Date		OCT 2 2 2014	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Check No	ВУ	On 234874 3:02	Dut Zago	iy/	10/10/2014		
Ву:		3'02	Signature of Officer or Authoriza	Representat	ive Date		
FOR SECRETARY OF STA	TE USE ONLY	J-07	•				
			Dmitry Zagadsky				
Form No. 631			Print or Type Name of Officer o	Print or Type Name of Officer or Authorized Representative			

Revised: 04/2014

North Providence Friends of Scouting Annual Report Attachment Entity ID: 789087

Additional Directors:

Joseph Riccitelli 39 Jacksonia Dr. North Providence, RI 02911

Warren Riccitelli 39 Jacksonia Dr. North Providence, RI 02911

Kevin Kennedy 17 Dunbar Ave. North Providence, RI 02904