



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000028157

2. Name of Corporation MADCAP INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 33 RHODES STREET

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO FURTHER THE AERONAUTICAL KNOWLEDGE AND PROFICIENCY OF THE PILOTS
OF THE CORPORATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LEONARD DUNN	33 RHODES ST CUMBERLAND, RI 02864 USA
TREASURER	KEITH SALISBURY	2344 PLAINFIELD PIKE JOHNSTON, RI 02919 USA

SECRETARY	MICHAEL SPIETH	29 OLD CHIMNEY ROAD BARRINGTON, RI 02806 USA
VICE PRESIDENT	JAMES CRANE	219A HALLVILLE RD. EXETER, RI 02882 USA
DIRECTOR	ROSS MCCURDY	10 MEADOW VIEW DRIVE SMITHFIELD, RI 02917 USA
DIRECTOR	ALEX SCHENCK	487 ENGLAND STREET CUMBERLAND, RI 02864 USA
DIRECTOR	MICHAEL SPIETH	29 OLD CHIMNEY ROAD BARRINGTON, RI 02806 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LEONARD DUNN 33 RHODES STREET CUMBERLAND , RI 02864

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 17 Day of June, 2015 at 12:22:41 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LEONARD DUNN
Signature of Authorized Person

Form No. 631
Revised 09/07

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