



**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.** 000134227

**2. Name of Corporation** Washington County Tractor Pullers, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 147

City or Town: WOOD RIVER JUNCTION State: RI Zip: 02894 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 PROMOTE CIVIC, CULTURAL, FRATERNAL, AGRICULTARL RECREATIONAL ASPECTS OF TRACTOR PULLING WITHIN THE LOCAL COMMUNITIES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM A COULTER	PO BOX 147 WOOD RIVER JUNCTION, RI 02894 USA
DIRECTOR	PETE FENNER	74 SANDA PLAINS RD CHARLESTOWN, RI 02813 USA

DIRECTOR	WILLIAM A. COULTER	P.O. BOX 147 WOOD RIVER JCT, RI 02894 USA
DIRECTOR	RICK GARDNER	MOORSEFIELD WAKEFIELD, RI 02879 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**

KIM M. COULTER 363 SHUMUNKANUC HILL ROAD, CHARLESTOWN 02813 P.O. BOX 147 WOOD RIVER JUNCTION , RI 02894

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

**Signed this 30 Day of June, 2015 at 9:32:05 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 KIM M. COULTER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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