



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. 000030295

2. Name of Corporation The Portsmouth Camp Meeting Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 69 HEDLY STREET

City or Town: PORTSMOUTH State: RI Zip: 02871 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

INTERDEMONINATIONAL CAMP EMPHASIZING SPIRITUAL HOLINESS IN CHRISTIAN LIVING

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	ROBERT E JOHNSON	Address, City or Town, State, Zip Code, Country 47 SOUTH MAIN ST UXBRIDGE , MA 01569 USA
TREASURER	BRIAN MAHER	7 MARIN ST NEWPORT, RI 02840 USA

SECRETARY	DARLENE DECASTRO	19 OAK ST WARREN , RI 02885 USA
VICE PRESIDENT	ED STANFORD	69 HEDLY STREET PORTSMOUTH, RI 02871 USA
DIRECTOR	BRUCE STANFORD	11 OLD MEADOW LANE CUMBERLAND, RI 02864
VICE PRESIDENT	TIMOTHY R JOHNSON	36 JOHNSTON AVE WHITINSVILLE, MA 01588 USA
DIRECTOR	ROBERT E JOHNSON	47 S. MAIN ST UXBRIDGE, MA 01569 USA
DIRECTOR	LAURA HAMBURG	130 OAK STREET UXBRIDGE, MA 01569 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**

BRUCE STANFORD 11 OLD MEADOW LANE 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 7 Day of July, 2015 at 9:42:12 AM 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 BRIAN MAHER
Signature of Authorized Person

Form No. 631
Revised 09/07