**State of Rhode Island and Providence Plantations**
**Department of State - Business Services Division**
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| **000027991** | **Little Rhody Boys State** |
| 3. State of Incorporation | 4. Brief description of the character of business conducted in Rhode Island |
| **Rhode Island** | **Teaching Government Operations to High School Students.** |

| 5. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **1005 Charles Street** | **North Providence** | **RI** | **02904** |

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name **Ronald Levasseur** | | | Vice-President Name **James Weinreich** | | |
|---|---|---|---|---|---|
| Street Address **c/o American Legion, 1005 Charles Street** | | | Street Address **33-C West Castle Way** | | |
| City **North Providence** | State **RI** | Zip **02904** | City **Charlestown** | State **RI** | Zip **02813** |
| Secretary Name **None** | | | Treasurer Name **James Weinreich** | | |
| Street Address | | | Street Address **33-C West Castle Way** | | |
| City | State | Zip | City **Charlestown** | State **RI** | Zip **02813** |

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

| Director Name **Lenny Reed** | | | Director Name **Michael Reed** | | |
|---|---|---|---|---|---|
| Street Address **c/o American Legion, 1005 Charles Street** | | | Street Address **c/o American Legion, 1005 Charles Street** | | |
| City **North Providence** | State **RI** | Zip **02904** | City **North Providence** | State **RI** | Zip **02904** |
| Director Name **Robert Winston** | | | Director Name **None** | | |
| Street Address **c/o American Legion, 1005 Charles Street** | | | Street Address | | |
| City **North Providence** | State **RI** | Zip **02904** | City | State | Zip |

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

***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.***

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

| Name of Officer/Authorized Representative | Date |
|---|---|
| **James Weinreich, VP / Treasurer** | **5/4/2016** |

Signature of Officer/Authorized Representative
James W. Weinreich

**FILED**
MAY 09 2016
BY 606
A.A.

Form No. 631
Revised: 2016

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