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 GJG

Form No. 631
Revised: 2016