



**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: 2016

1. Corporate ID No. 000029049

2. Name of Corporation Snoopy's Group, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 1164
City or Town: WESTERLY State: RI Zip: 02891 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

GENERAL AVIATION FLYING CLUB

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	KRISTY ARMSTRONG	88 HILLTOP DRIVE CHARLESTOWN, RI 02813 USA
SECRETARY	STEPHEN SCHADTLE	400 N. STONINGTON ROAD STONINGTON, CT 06378 USA
SAFETY OFFICER	ALAN SMILEY	1344 SHARPE STREET

		WEST GREENWICH, RI 02871 USA
MAINTENANCE OFFICER	JUSTIN ALLISON	154 GALLUP HILL ROAD LEDYARD, CT 06339 USA
DIRECTOR	KRISTY ARMSTRONG	88 HILLTOP DRIVE CHARLESTOWN, RI 02813 USA
DIRECTOR	ALAN SMILEY	1344 SHARPE STREET WEST GREENWICH, RI 02871 USA
DIRECTOR	STEPHEN SCHADTLE	400 N. STONINGTON ROAD STONINGTON, CT 06378 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**

KRISTY K. ARMSTRONG 88 HILLTOP DRIVE CHARLESTOWN , RI 02813

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

Signed this 11 Day of May, 2016 at 3:21:38 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 KRISTY K ARMSTRONG
Signature of Authorized Person

Form No. 631
Revised 09/07