



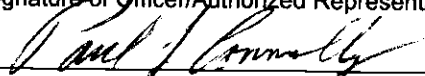
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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			
122602		Rhode Island Military Vehicle Collectors Club			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Educating the public about the roll of military vehicles in the service.			
5. Principal Office Address		City	State	Zip	
73 Sayles Hill Road		North Smithfield	R.I.	02896	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul J. Connolly			Vice-President Name Eric deRochambeau		
Street Address 73 Sayles Hill Road			Street Address 790 Ten Rod Road		
City North Smithfield	State R.I.	Zip 02896	City North Kingstown	State R.I.	Zip 02852
Secretary Name Ralph Bennett			Treasurer Name James Thomson		
Street Address 137 Beach Street			Street Address 6 Nicole Way		
City Foxborough	State Ma.	Zip 02035	City Rehoboth	State Ma.	Zip 02769
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Moses			Director Name Raymond Vernon		
Street Address 31 Crestwood Lane			Street Address 37 Ideal Court		
City Charlestown	State R.I.	Zip 02813	City East Greenwich	State R.I.	Zip 02818
Director Name John Kane			Director Name Christopher Elliott		
Street Address 87 Limerock Road			Street Address 95 Angell Road		
City Smithfield	State R.I.	Zip 02917	City Cumberland	State R.I.	Zip 02864
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date	
Paul J. Connolly				05-15-2016	
Signature of Officer/Authorized Representative					
 PRESIDENT					

FILED 

MAY 19 2016

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