



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>31267</b>		2. Exact name of the Corporation <b>RHODY ROVERS #84 of NORTH AMERICAN FAMILY CAMPERS ASSOCIATION</b>	
3. State of Incorporation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>family campers</b>	
5. Principal office address <b>11 TEMPLE ST</b>		City <b>CUMBERLAND</b>	State <b>RI</b>
		Zip <b>02864</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>RITA CLARKE</b>		Vice-President Name <b>KEITH CLOUTIER</b>	
Street Address <b>10 ASH ST</b>		Street Address <b>8 OLD HOPE RD</b>	
City <b>WRENTHAM</b>	State <b>MA</b>	Zip <b>02093</b>	
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	
Secretary Name <b>PAULINE SOULIERE</b>		Treasurer Name <b>RAYMOND SOULIERE SR</b>	
Street Address <b>11 TEMPLE ST</b>		Street Address <b>11 TEMPLE ST</b>	
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>SHAY CLARKE</b>		Director Name <b>RAYMOND LAMOUREUX JR</b>	
Street Address <b>10 ASH ST</b>		Street Address <b>24 LEVEE ST</b>	
City <b>WRENTHAM</b>	State <b>MA</b>	Zip <b>02093</b>	
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	
Director Name <b>RICHARD GAGNE</b>		Director Name	
Street Address <b>11 OLD ELM ST</b>		Street Address	
City <b>BELLINGHAM</b>	State <b>MA</b>	Zip <b>02019</b>	
City	State	Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date JUN 06 2016

Check No \_\_\_\_\_  
 By: KL 1588

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.

Raymond A Souliere, Jr. 6-2-16  
 Signature of Officer Date

RAYMOND A SOULIERE, SR.  
 Print or Type Name of Officer

TREASURER.  
 Title of Officer