

State of Knode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2016

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

2016 JUN 20 PM 1. 1.

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Entity ID Number	2. Exact name of the Corporation					
129174	Troop 12 Boo	Troop 12 Boosters, Inc.				
3. State of Incorporation		Brief description of the character of business conducted in Rhode Island				
Rhode Island	To raise, hold	d and distribut	te funds for Troop 12 Be	rkley Ashton of th	ne Boy Scouts of	
5. Principal Office Address			City	State	Zip	
6 Intervale Drive			Cumberland	RI	02864	
6. List ALL officers (names and a					ndicate an attachment	
President Name Norman C. Tell			Vice-President Name Jodie	R. Tellier		
Street Address 191 Paradis Ave	enue		Street Address 191 Paradi	Street Address 191 Paradis Avenue		
City Woonsocket	State RI	^{Zip} 02895	City Woonsocket	State RI	^{Zip} 02895	
Secretary Name Paul L. Calitri			Treasurer Name Renamari	e DiMuccio		
Street Address 46 Pine Road			Street Address 6 Intervale	Street Address 6 Intervale Drive		
^{City} Cumberland	State RI	^{Zip} 02864	City Cumberland	State RI	^{Zip} 02864	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Norman C. Tellier			Director Name Jodie R. Te	Director Name Jodie R. Tellier		
Street Address 191 Paradis Ave	nue		Street Address 191 Paradi	Street Address 191 Paradis Avenue		
^{City} Woonsocket	State RI	^{Zip} 02895	City Woonsocket	State RI	^{Zip} 02895	
Director Name Paul L. Calitri			Director Name Renamarie	DiMuccio		
Street Address 46 Pine Road			Street Address 6 Intervale	Drive		
^{City} Cumberland	State RI	^{Zip} 02864	City Cumberland	State RI	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.						
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		
Renamarie DiMuccio		6-11	6-16			
Signafure of Officer/Authorized Representative						
Texase 10 Nuncer SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Waheita: www.ene ri nov

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