



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. 000061348

2. Name of Corporation Camp Ramleh

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 372 PURGATORY ROAD

City or Town: MIDDLETOWN

State: RI Zip: 02842 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

TO OPERATE A SUMMER CAMP FOR CHILDREN FROM POOR, DISADVANTAGED BACKGROUNDS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	LESLIE HEANEY	2 BONTECOU RD MILLBROOK, NY 12545 US
TREASURER	DANA SCHMALTZ	44 BRIMMER ST. BOSTON , MA 02108 US

SECRETARY	ROY WILLIAMS	PO BOX 1910 NEWPORT, RI 02840 US
VICE PRESIDENT	ERIC PETERSON	PO BOX 1910 NEWPORT, RI 02840 USA
DIRECTOR	PETER DORRIEN TRAISCI	372 PURGATORY RD MIDDLETOWN, RI 02842 USA
DIRECTOR	ELIZABETH CONWAY	292 MT. AUBURN ST #2 WATERTOWN, MA 02472 US
DIRECTOR	PAULINE MOYE	120 HILLSIDE AVE NEWPORT, RI 02840 US
DIRECTOR	CHRISTIAN SMITH	6 CLINTON AVE. NEWPORT, RI 02840 US
DIRECTOR	MATTIE KEMP	142 CANONCHET DR. PORTSMOUTH, RI 02871 US

**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**

PETER DORRIEN TRAISCI 372 PURGATORY ROAD MIDDLETOWN , RI 02842

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

Signed this 27 Day of June, 2016 at 2:17:26 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 PETER DORRIEN TRAISCI
Signature of Authorized Person

Form No. 631
Revised 09/07