



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. 000104403

2. Name of Corporation Troop Riverside, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 15141
City or Town: EAST PROVIDENCE State: RI Zip: 02915 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 LEASE, MAINTAIN, AND OPERATE THE BUILDING LOCATED AT 351 WILLETT AVENUE EAST PROVIDENCE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	LINDA L ARRUDA	49 DEARBORN DR RIVERSIDE, RI 02915 USA
SECRETARY	MELISSA M PERRY	88 ALGONQUIN RD RUMFORD, RI 02916 USA

PRESIDENT	ELAINE MATHERS	44 COVE STREET RIVERSIDE, RI 02915 USA
VICE PRESIDENT	LINDA L ARRUDA	49 DEARBORN DRIVE RIVERSIDE, RI 02915 USA
DIRECTOR	ELAINE MATHERS	44 COVE ST RIVERSIDE, RI 02915 USA
DIRECTOR	TINA A BLAKE	128 RIVER AVE RIVERSIDE, RI 02915 USA
DIRECTOR	MELISSA M PERRY	88 ALGONQUIN RD RUMFORD, RI 02916 USA
DIRECTOR	LINDA L. ARRUDA	49 DEARBORN DRIVE RIVERSIDE, RI 02915 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**

ELAINE MATHERS 44 COVE STREET RIVERSIDE , RI 02915

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

Signed this 12 Day of July, 2016 at 11:22:56 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 LINDA L. ARRUDA
Signature of Authorized Person

Form No. 631
Revised 09/07