



**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 2016**

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. 000134227

2. Name of Corporation Washington County Tractor Pullers, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 147

City or Town: WOOD RIVER JUNCTION

State: RI

Zip: 02894

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 PROMOTE CIVIC, CULTURAL, FRATERNAL, AGRICULTARL RECREATIONAL ASPECTS OF
TRACTOR PULLING WITHIN THE LOCAL COMMUNITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	WILLIAM A COULTER	PO BOX 147 WOOD RIVER JUNCTION, RI 02894 USA
DIRECTOR	WILLIAM A. COULTER	P.O. BOX 147 WOOD RIVER JCT, RI 02894 USA
DIRECTOR	RICK GARDNER	MOORSEFIELD WAKEFIELD, RI 02879 USA

Director	Lenny Capizzano	117 Tower Hill Road Westerly, RI 02891 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 <u>KIM M. COULTER 363 SHUMUNKANUC HILL ROAD, CHARLESTOWN 02813 P.O. BOX 147 WOOD RIVER JUNCTION , RI 02894</u>		
9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.		
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: <u>KIM M. COULTER</u> Business Name: <u>Washington County Tractor Pullers Inc</u> No. and Street: <u>363 SHUMUNKANUC HILL ROAD, CHARLESTOWN 02813</u> <u>P.O. BOX 147</u> City or Town: <u>WOOD RIVER JUNCTION</u> State: <u>RI</u> Zip: <u>02894</u> Country: <u>USA</u> Contact Phone: ext: Contact Email: <u>olvr1855dsl@aol.com</u> Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.		
Signed this 12 Day of July, 2016 at 2:46:59 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 <u>Kim M. Coulter</u> Signature of Authorized Person FILED  JUL 15 2016		
Make Corrections	BY <u>OLVR 102</u>	Accept
Form No. 631 Revised 09/07		
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