



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

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. <u>43163</u>		2. Exact name of the Corporation <u>Green Camp Association</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Christian Camp</u>			
5. Principal office address <u>323 Hopkins Hollow Rd</u>		City <u>Coventry</u>		State <u>RI</u>	Zip <u>02827</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Douglas W. Tourge</u>			Vice-President Name <u>NONE</u>		
Street Address <u>174 Fairview Ave</u>			Street Address		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City	State	Zip
Secretary Name <u>David Sprague</u>			Treasurer Name <u>Richard P. Champagne, Jr</u>		
Street Address <u>51 Dean Street</u>			Street Address <u>2 Old Hope Road</u>		
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>
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 <u>Scott Aken</u>			Director Name <u>Richard P. Champagne, Jr</u>		
Street Address <u>P.O. Box 700</u>			Street Address <u>2 Old Hope Rd</u>		
City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>
Director Name <u>David Sprague</u>			Director Name <u>NONE</u>		
Street Address <u>51 Dean Street</u>			Street Address		
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	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, duly Authorized Representative, Receiver or Trustee

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.

Richard P. Champagne Jr. 7/19/16
Signature of Officer or Authorized Representative Date

Richard P. Champagne Jr.
Print or Type Name of Officer or Authorized Representative

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 22 2016

BY

L.D.