

FOR SECRETARY OF STATE USE DNLY

Form No. 631 Revised: 04/2014

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 _ 20/6

Or Trustee Under penalty of perjury, I declare and affirm that I have examined	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.	
3. State of Incorporation A. Brief description of the character of business conducted in Rhode Island Christian Camp Christian Camp State City Coven try State Zip 0.28.27 A. LIST ALL DEFFCERS (HABBES AND ADDRESSES) (X* BOX FOR ATTACHMENT) Douglas W Tourgee Vice-President Name Douglas W Tourgee Vice-President Name Douglas W Tourgee Street Address Street Ad	Entity ID No. Z. Exact name of the Corporation	
Christian Camp 5. Principal clairs address 33 Hopkins Hollow Rd City Coventry State 7 Po 2827 6. List ALL OPFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Dowglas W. Tourgee Vice President Name No. N.E. Street Address Stre	43163 Green Camp	Association
S. Principal give approves 3.3 Secretary Name Douglas W. Tourge Vice-President Name Douglas W. State Zip W. State Zip W. State Zip W. Scritaria M. Directoris (NAMES AND ADDRESSES), SHOODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS Vive BOX FOR ATYACHMENT) Director Name Vice-President Name Director Name Di	State of Incorporation 4. Brief description of the character of	business conducted in Rhode Island
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President Name Douglas W. Tourge Vice-President Name Douglas W. Tourge Vice-President Name Douglas W. Tourge Vice-President Name Street Address 174 Fairvew Ave State RI Das 16 City Secretary Name David Sprague Street Address 5 Dean Street 2 Dean Street 2 Dean Street 2 Dean State 2 Dean State 3 Dean Street 3 Dean Street 4 Describes Names AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 1. LIST ALL DRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 1. LIST ALL DRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 1. LIST ALL DRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 1. LIST ALL DRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 1. LIST ALL DRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 1. LIST ALL DRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 1. LIST ALL DRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 1. LIST ALL DRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 1. LIST ALL DRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 1. LIST ALL DRECTORS 2 LIP ADDRESSES (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 2 LIP ADDRESSES (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 2 LIP ADDRESSES (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 2 LIP ADDRESSES (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 2 LIP ADDRESSES (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 2 LIP ADDRESSES (NAMES AND	323 Hopkins Hollow Kd	City Coven try State 7 Zip 02827
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Secretary Name Day 1 Sprague Street Address Dean Street Zip City State Zip Coven try RI Co2816 7. LIST ALL DEFECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("A" BOX FOR ATTACHMENT) Director Name	174 Fairview Ave	
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Single State Zip Zip	David Sprague	Richard P. Champagne, Jr
North kingstwin RT. 02852 Coventry RI 02816 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Director Name Champagne, To	51 Dean Street	201d Hope Road
7. LIST ALL DRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (*** BOX FOR ATTACHMENT) Director Name School Hard Champagne, To Street Address Located Hope Ray State Street Address Director Name NONE State Street Address Street Address Street Address Director Name NONE State Zip Registreted Address Street Address Street Address Street Address Director Name NONE State Zip Registreted Address Director Name NONE State Victor Name NONE State Zip Registreted Address Director Name NONE Street Address Street Address Director Name NONE State Victor Name None N		
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Director Name Director Name Director Name NONE Street Address Street Address Street Address State City State City State Zip City State Zip State Zip State Zip This information is currently of record in the Office of the Secretary of State. Changes require filling 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. FILED By: FILED FILED Advant Planypager 7/19/16	and the state of t	
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City State Zip State	Director Name Scott A Ken Street Address P. D. Box 706 City N. Scituate RT 02857	Richard P. Champagne, Tr Street Address 201d Hope Rd City Coven try RJ 02816
B. REGISTERIED 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. FILED Authorized Representative, Receiver this report, Including any accompanying schedules and statements, and that all statements contained herein are true and correct.	Director Name Scott A Ken Street Address P. D. Box 706 City N. Schale RI Director Name Day 1 Socaque	Street Address Hope Rd City State PJ 02816 Director Name NONE
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 for 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. Check No By:	Director Name Scott Aken Street Address P. D. Box 700 City Scituate RT 02857 Director Name David Sprague Street Address 51 Dean Street	Street Address Street Address City Coven try Director Name NONE Street Address
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. FILED 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.	Director Name SCOT AKEN Street Address P. D. BOX 700 City N. Schoole RI 02857 Director Name David Sprague Street Address 51 Dean Street City North Kingstown RI 02852	Street Address Street Address City Coven try Director Name NONE Street Address
this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Check No By: FILED Lubord P. Chaupaque J. 7/19/16	Director Name SCOT AKEN Street Address P. O. BOX 700 City N. Schoole RI 02857 Director Name David Sprague Street Address 51 Dean Street City North Kingstown RI 02852 8. REGISTERED AGENT IN RHODE ISLAND	Street Address Street Address City Coven try Director Name NONE Street Address City Street Address State Zip OA816
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RICHAR & P. Champague Jrc.
Print or Type Name of Officer or Authorized Representative