RI SOS Filing Number: 201602619610 Date: 07/26/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
560137	**LEAPFEST ASSOCIATION**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**SUPPORT AIRBORNE COMMUNITY**

5. Principal Office Address	City	State	Zip
2841 SOUTH COUNTY TRAIL	**EAST GREENWICH**	**RI**	**02818**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **CHRISTOPHER DYER**			Vice-President Name **JOHN MILLER**		
Street Address **2841 SOUTH COUNTY TRAIL**			Street Address **2841 SOUTH COUNTY TRAIL**		
City **EAST GREENWICH**	State **RI**	Zip **02818**	City **EAST GREENWICH**	State **RI**	Zip **02818**
Secretary Name **CALEB SINGER**			Treasurer Name **NICOLE HUDDLESTON**		
Street Address **2841 SOUTH COUNTY TRAIL**			Street Address **2841 SOUTH COUNTY TRAIL**		
City **EAST GREENWICH**	State **RI**	Zip **02818**	City **EAST GREENWICH**	State **RI**	Zip **02818**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **CALEB SINGER**			Director Name **JOHN MILLER**		
Street Address **2841 SOUTH COUNTY TRAIL**			Street Address **2841 SOUTH COUNTY TRAIL**		
City **EAST GREENWICH**	State **RI**	Zip **02818**	City **EAST GREENWICH**	State **RI**	Zip **02818**
Director Name **CHRISTOPHER DYER**			Director Name		
Street Address **2841 SOUTH COUNTY TRAIL**			Street Address		
City **EAST GREENWICH**	State **RI**	Zip **02818**	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
NICOLE HUDDLESTON	**20 JULY 2016**

Signature of Officer/Authorized Representative
HUDDLESTON.NICOLE.1012391362 DIGITALLY SIGNED DOCUMENT
Digitally signed by HUDDLESTON.NICOLE.1012391362
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HUDDLESTON.NICOLE.1012391362
Date: 2016.07.20 12:09:09 -04'00'

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUL 26 2016
BY 1005

FORM 631 - Revised: 05/2016