



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

Annual Report for the year: 2015

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.

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 DEPARTMENT OF STATE
 CORPORATIONS DIV
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1. Entity ID Number 000988133		2. Exact name of the Corporation Scituate Hunters			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fife & drum corps (parades, ceremonies, civic event performances)			
5. Principal Office Address 90 Waites Corner Rd			City West Kingston	State RI	Zip 02892
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JoAnna Ferraris			Vice-President Name Lesley Barnes		
Street Address 90 Waites Corner Rd			Street Address 80 Sandy Brook Rd		
City West Kingston	State RI	Zip 02892	City North Scituate	State RI	Zip 02857
Secretary Name Jane Barnes			Treasurer Name Michael Ferraris		
Street Address 80 Sandy Brook Rd			Street Address 90 Waites Corner Rd		
City North Scituate	State RI	Zip 02857	City West Kingston	State RI	Zip 02892
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JoAnna Ferraris			Director Name Michael Ferraris		
Street Address 90 Waites Corner Rd			Street Address 90 Waites Corner Rd		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Director Name Lesley Barnes			Director Name		
Street Address 80 Sandy Brook Rd			Street Address		
City North Scituate	State RI	Zip 02857	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JoAnna N Ferraris				Date 7/21/16	
Signature of Officer/Authorized Representative <i>JoAnna N Ferraris</i>					

FILED

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BY 6280398

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