



**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**

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. 001659021

2. Name of Corporation LOONIE VILLE SWAMPERS

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: #276 COE ST.
City or Town: #WOONSOCKET State: RI Zip: 02895 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

MISSION IS TO ADVANCE THE SPORT OF FOUR WHEELING AS A SAFE, ENJOYABLE AND ENVIRONMENTALLY RESPONSIBLE FORM OF OUTDOOR RECREATION.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
INCORPORATOR	SEAN FULLER	276 COE STREET WOONSOCKET, RI 02895 USA
DIRECTOR	CHRISTOPHER GAUDETTE	146 VICTORY HIGHWAY CHEPACHET, RI 02814 USA

DIRECTOR	DAVID GERMAIN	141 GLENDALE AVE. WOONSOCKET, RI 02895 USA
DIRECTOR	STEVE RIENDEAU	244 MENDON ST. BLACKSTONE, MA 01504 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**

SEAN FULLER 276 COE STREET WOONSOCKET , RI 02895

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

Signed this 8 Day of December, 2016 at 7:31:16 AM 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 SEAN FULLER
Signature of Authorized Person

Form No. 631
Revised 09/07

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