



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>122602</b>		2. Name of Corporation <b>Rhode Island Military Vehicle Collectors Club</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>555 W GREENVILLE RD</b>	
		City <b>N. SCITUATE</b>	Zip <b>02857</b>
5. Foreign corporation. Enter principal office address			
City			
State			
Zip			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>THE COLLECTION, PRESERVATION, RESTORATION AND DISPLAY OF MILITARY VEHICLES AND THE EDUCATION OF MEMBERS AND PUBLIC.</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>NORMAN DESPLAINES</b>		Vice President Name <b>PETER WINFIELD</b>	
Street Address <b>555 W GREENVILLE RD</b>		Street Address <b>229 HOPE FURACE RD</b>	
City <b>N. SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>HOPE</b>
			State <b>RT</b>
			Zip <b>02831</b>
Secretary Name <b>EDWARD TRACY</b>		Treasurer Name <b>BRIAN PELLETIER</b>	
Street Address <b>1762 W MAIN RD</b>		Street Address <b>30 SHERMAN ST</b>	
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>NEWPORT</b>
			State <b>RT</b>
			Zip <b>02840</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <b>ERIC de ROCHAMBEAU</b>		Director Name <b>MARC AUCLAIR</b>	
Street Address <b>790 TEA RD RD</b>		Street Address <b>475 WHIPPLE RD</b>	
City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852-5529</b>	City <b>PASCOAG</b>
			State <b>RI</b>
			Zip <b>02859</b>
Director Name <b>RENE DESPLAINES</b>		Director Name <b>JAMES GRIMES</b>	
Street Address <b>1616 SNAKE HILL RD</b>		Street Address <b>3 DON AVE</b>	
City <b>GLOCESTER</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>N. PROVIDENCE</b>
			State <b>RI</b>
			Zip <b>02904</b>
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <b>NORMAN DESPLAINES</b>		Address	
Address <b>555 WEST GREENVILLE ROAD</b>		City <b>NORTH SCITUATE</b>	Zip <b>02857-</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



122602

File Date 6-9-05  
Check No. 1128  
By: OW

FOR SECRETARY OF STATE USE ONLY

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

Norman Desplaines 6-8-05  
Signature of Officer Date

NORMAN DESPLAINES  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 122602		2. Name of Corporation Rhode Island Military Vehicle Collectors Club			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 555 W. GREENVILLE RD.		City N. SCITUATE	Zip 02857
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island THE COLLECTION, PRESERVATION, RESTORATION AND DISPLAY OF MILITARY VEHICLES AND THE EDUCATION OF MEMBERS AND PUBLIC.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NORMAN DESPLAINES			Vice President Name PETER WINFIELD		
Street Address 555 W. GREENVILLE RD			Street Address 229 HOPE FURNACE RD		
City N. SCITUATE	State RI	Zip 02857	City HOPE	State RI	Zip 02831
Secretary Name EDWARD TRACY			Treasurer Name BRIAN PELLETIER		
Street Address 1762 W. MAIN RD.			Street Address 50 SHERMAN ST		
City MIDDLETOWN	State RI	Zip 02842	City NEWPORT	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name ERIC DE ROCHAMBEAU			Director Name MARC AUCLAIR		
Street Address 790 TEN ROD RD.			Street Address 475 WHIPPLE RD.		
City M. KINGSTOWN	State RI	Zip 02852-5524	City PASCOAG	State RI	Zip 02859
Director Name RENE DESPLAINES			Director Name JAMES GRIMES		
Street Address 610 SNAKE HILL RD.			Street Address 3 DON AVE.		
City GLOUCESTER	State RI	Zip 02857	City N. PROVIDENCE	State RI	Zip 02904
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name NORMAN DESPLAINES			Address		
Address 555 WEST GREENVILLE ROAD			City NORTH SCITUATE	Zip 02857-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 2 6 0 2 \*

File Date: 7/7/02  
Check No.: 1103  
By: DA  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Norman Desplaines 6-30-04 Date  
Print or Type Name of Officer: NORMAN DESPLAINES  
Title of Officer: PRESIDENT



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 122602 2. Name of Corporation Rhode Island Military Vehicle Collectors Club

3. State of Incorporation RHODE ISLAND 4. Corporate address in Rhode Island - Street Address 555 WEST GREENVILLE RD City N. SCITUATE State RI Zip 02857

5. Foreign corporation. Enter principal office address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island.  
**THE COLLECTION, PRESERVATION, RESTORATION AND DISPLAY OF MILITARY VEHICLES AND THE EDUCATION OF MEMBERS AND PUBLIC.**

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>NORMAN DESPLAINES</u> Street Address <u>555 WEST GREENVILLE RD</u> City <u>N. SCITUATE</u> State <u>RI</u> Zip <u>02857</u>	Vice President Name <u>JOSEPH GRIMES</u> Street Address <u>14 WATAUGA AVE</u> City <u>N. PROVIDENCE</u> State <u>RI</u> Zip <u>02911</u>
Secretary Name <u>EDWARD TRACY</u> Street Address <u>1762 WEST MAIN RD</u> City <u>MIDDLETOWN</u> State <u>RI</u> Zip <u>02842</u>	Treasurer Name <u>BRIAN PELLETIER</u> Street Address <u>30 SHERMAN ST</u> City <u>NEWPORT</u> State <u>RI</u> Zip <u>02840</u>

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN THE SPACES BEFORE USING ATTACHMENTS  
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name <u>ERIC de ROCHAMBEAU</u> Street Address <u>790 TEN ROD RD</u> City <u>N. KINGSTOWN</u> State <u>RI</u> Zip <u>02852</u>	Director Name <u>RENE DESPLAINES</u> Street Address <u>616 SNAKE HILL RD</u> City <u>GLOUCESTER</u> State <u>RI</u> Zip <u>02857</u>
Director Name <u>MARC AUCLAIR</u> Street Address <u>475 WHIPPLE RD</u> City <u>PASCOAG</u> State <u>RI</u> Zip <u>02859</u>	Director Name <u>JAMES GRIMES</u> Street Address <u>2060 MINERAL SPRING AVE APT 12</u> City <u>N. PROVIDENCE</u> State <u>RI</u> Zip <u>02911</u>

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

Agent Name NORMAN DESPLAINES Address 555 WEST GREENVILLE ROAD City NORTH SCITUATE Zip 02857

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 2 6 0 2 \*

File Date 6-30-03  
Check No. 1073  
By [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature]  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
NORMAN DESPLAINES  
Print or Type Name of Officer \_\_\_\_\_  
PRESIDENT  
Title of Officer \_\_\_\_\_