

AMMENDED

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2665

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

* 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.					•
1. Corporate ID No.	2. Name of Corporation				
122602	RHODE ISLAND MILITARY YEHICLE COLLECTORS CLUB				
3. State of Incorporation	4. Corporate address in	Rhode Island - Street Address	-	City	Zip
RHODE ISLAMD	73 SAYLES	HILL ROAD		M. SMITHFIELD	02896
5. Foreign corporation. Enter p	rincipal office address		City	State	Zip
6. Brief Description of the charact	er of the affairs which are ac	tually conducted in Rhode Isla	and		
7: NAMES AND ADDRESS	ES OF THE OFFICERS	: ("X" BOX FOR ATTACH	BENT) THE IN SPACES	BEFORE USING ATTACH	IMENTS
President Name			Vice President Name	den vernet (Timese ne 1965 (1971) na hat balance (1975).	ALTONOMIC TO CONTRACT OF THE PROPERTY OF THE PARTY OF THE
PAUL J. CONMOLLY			PETER WIMFIELD		
Street Address 73 SAYLES HILL ROAD			Street Address 239 FURMACE HOPE ROAD		
N. SMITHFIELD	State 124	Zip 03891	H& PE	State PL	Zip 02831
Secretary Name ENNAMO TRACY			BRIAM PEUETIEN		
Street Address 17(2 w. MAIN R)			Street Address 33 SHERMAN	ST	
City Mrddletowh	State Pa	02 842	HEW PORT	State PI	0 2840
8. NAMES AND ADDRESS	es of the director	RS: ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING ATTACI	HMENTS
THE NUMBER OF DIRECT	TORS OF A DOMESTI	C (RHODE ISLAND) C	ORPORATION SHALL NOT		
Director Name ERIC DEROCHAM BEAU			Director Name MANC AUC	10000	
Sireel Address 790 TEM Ro	0 10		Street Address 475 WHIPPL	E NOD	
N. KIMESTOWN	State	02857-5509	PASCO PG	State POI	02859
RICHAM ROSSI			Director Name JAMES GRIMES		
Street Address 28 CARLSOM ST			Street Address 3 DOM A VEMUE		
COVENTRY	State	Zip 028/6	N. PROVIDENCIZ	State PS	02907
9. KEGISTERED AGENT IN	RHODE ISLAND - DO	NOT ALTER - Chang	es require filling of Form 6	41 - R.I.G.L. 7-6-13 / 7	-6-78
PAUL J. CONNOLLY			Address		
Address	,		City	Zip	
73 SAYLES	HILL TZBAD		N. SMITH FIEL	D 020	91
This report must l	be signed by either the	President, Vice Preside	ent, Secretary, Assistant Secre	tary, Treasurer, Receiver	or Trustee

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Under penalty of perjury, I declare and affirm that	t I have examined this
report, including any accompanying schedules and	
statements contained herein are true and correct.	
Hand flowells	2-15-2006
Signature of Officer	Daie
PAUL J. CONMOLLY	
Print or Type Name of Officer	
1 President	
Title of Officer	
	Form 631 Rev. 12/05