



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. 104403 | | 2. Name of Corporation Troop Riverside, Inc. | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address P.O. BOX 1514 | | City East Providence | Zip |
| 5. Foreign corporation. Enter principal office address | | | City | State RI | Zip 02915-0141 |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO LEASE, MAINTAIN, AND OPERATE THE BUILDING LOCATED AT351 WILLETT AVENUE EAST PROVIDENCE | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Elaine Mathers | | | Vice President Name Linda Annuda | | |
| Street Address 44 Cove St. | | | Street Address 49 Dearborn Dr. | | |
| City Riverside | State RI | Zip 02915 | City Riverside | State RI | Zip 02915 |
| Secretary Name Karen Drobot | | | Treasurer Name Deborah Schoenfelder | | |
| Street Address 45 Planet Ave. | | | Street Address 74 Locust St. | | |
| City Riverside | State RI | Zip 02915 | City Riverside | State RI | Zip 02915 |
| 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 Elaine Mathers | | | Director Name Joyce Smedberg | | |
| Street Address 44 Cove St. | | | Street Address 41 Planet Ave. | | |
| City Riverside | State RI | Zip 02915 | City Riverside | State RI | Zip 02915 |
| Director Name Robin Ford | | | Director Name Tina Silvia | | |
| Street Address 18 Wintonrop St. | | | Street Address 25 Charlotte St. | | |
| City Riverside | State RI | Zip 02915 | City Riverside | State RI | Zip 02915 |
| 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 ELAINE MATHERS | | | Address | | |
| Address 44 COVE STREET | | | City RIVERSIDE | Zip 02915 | |

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



104403

File Date 1-5-06
Check No. 10050
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] 6/30/05
Signature of Officer Date
Deborah Schoenfelder
Print or Type Name of Officer
Treasurer
Title of Officer



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|---|---------------------|--|---------------------|
| 1. Corporate ID No. 104403 | | 2. Name of Corporation Troop Riverside, Inc. | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address 44 COVE STREET | |
| | | City Riverside RI | Zip 02915 |
| 5. Foreign corporation. Enter principal office address | | City | State |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO LEASE, MAINTAIN, AND OPERATE THE BUILDING LOCATED AT351 WILLETT AVENUE EAST PROVIDENCE | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name ELAINE MATHERS | | Vice President Name LINDA ARRUDA | |
| Street Address 44 COVE STREET | | Street Address 49 DEARBORN DRIVE | |
| City RIVERSIDE | State R.I | City Riverside | State RI |
| Zip 02915 | | Zip 02915 | |
| Secretary Name KAREN DROLET | | Treasurer Name Joyce Smedberg | |
| Street Address 45 PLANET AVE | | Street Address 41 PLANET AVE | |
| City Riverside | State R.I | City Riverside | State R.I |
| Zip 02915 | | Zip 02915 | |
| 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 ELAINE MATHERS | | Director Name LINDA ARRUDA | |
| Street Address 44 COVE ST. | | Street Address 49 DEARBORN DR | |
| City Riverside | State RI | City Riverside | State RI |
| Zip 02915 | | Zip 02915 | |
| Director Name Robin Ford | | Director Name Joyce Smedberg | |
| Street Address 18 Winthrop Av | | Street Address 41 PLANET AVE | |
| City RIVERSIDE | State RI | City Riverside | State RI |
| Zip 02915 | | Zip 02915 | |
| 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 ELAINE MATHERS | | Address | |
| Address 44 COVE STREET | | City RIVERSIDE | Zip 02915 |

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



* 1 0 4 4 0 3 *

File Date 6/22/04
Check No. 404
By: W.
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 Joyce Smedberg Date 6-11-04
Print or Type Name of Officer Joyce Smedberg
Title of Officer TREASURER



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. **104403** 2. Name of Corporation **Troop Riverside, Inc.**
 3. State of Incorporation **RHODE ISLAND** 4. Corporate address in Rhode Island - Street Address **P.O. BOX 15141**
 City **RIVERSIDE** Zip **02915**
 5. Foreign corporation. Enter principal office address City **R.I.** Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island.
TO LEASE, MAINTAIN, AND OPERATE THE BUILDING LOCATED AT 351 WILLETT AVENUE EAST PROVIDENCE

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

| | |
|---|--|
| President Name ELAINE MATHERS Street Address 44 COVE STREET City RIVERSIDE State R.I Zip 02915 | Vice President Name LINDA ARRUDA Street Address 49 DEARBORN DRIVE City RIVERSIDE State RI Zip 02915 |
| Secretary Name KAREN DROLET Street Address 45 PLANET AVE City RIVERSIDE State RI Zip 02915 | Treasurer Name Joyce Smedberg Street Address 41 PLANET AVE City RIVERSIDE State R.I. Zip 02915 |

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 Elaine Mathers Street Address 44 COVE STREET City RIVERSIDE State RI Zip 02915 | Director Name Joyce Smedberg Street Address 41 PLANET AVE City RIVERSIDE State RI Zip 02915 |
| Director Name Linda Arruda Street Address 49 DEARBORN DRIVE City RIVERSIDE State RI Zip 02915 | |

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 **ELAINE MATHERS** Address _____
 Address **44 COVE STREET** City **RIVERSIDE** Zip **02915**

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



* 1 0 4 4 0 3 *

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.

Joyce Smedberg **6-14-03**
 Signature of Officer Date
Joyce Smedberg
 Print or Type Name of Officer

TREASURER
 Title of Officer

File Date **6-18-03**
 Check No. **324**
 By **de**
 FOR SECRETARY OF STATE USE ONLY

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040



NON-PROFIT CORPORATION

Corporate ID Number DNP-104403

Annual Report for the year 2002

- 1. The name of the corporation is Troop Riverside, Inc.
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 44 COVE STREET RIVERSIDE, RI 02915
and the name of its registered agent in this state at that address is ELAINE MATHERS

4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is We are a group of girl Scout leaders who raise funds to maintain the East Providence Scout House for girl's use

5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is

6. Corporate address in Rhode Island - House is at 351 Willett Ave in Riverside - the person in charge of filing the papers is at 41 Planet Ave in Riverside - Please send all papers to the Planet Ave address

7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

Table with 3 columns: NAME, OFFICE, ADDRESS. Lists Elaine Mathers (Director), Joyce Smedberg (Director), Linda Arcuda (Director), Elaine Mathers (President), Linda Arcuda (Vice-President), Robin Ford (Secretary), and Joyce Smedberg (Treasurer) with their respective addresses.

Dated: 7-11-02

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.

Troop Riverside, Inc.
Exact Name of Corporation

By: Joyce Smedberg
Title: Treasurer
(Report must be signed by an officer)



FOR SECRETARY OF STATE USE ONLY
File Date: 7-12-02
Check No.: 253
By: [Signature]

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-104403

Annual Report for the year 2001

- 1. The name of the corporation is Troop Riverside, Inc.
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 44 COVE STREET RIVERSIDE, RI 02915
and the name of its registered agent in this state at that address is ELAINE MATHERS
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is House for East Providence girl scouts troops
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island 351 Willett Ave Riverside RI 02915
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

Table with 3 columns: NAME, OFFICE, ADDRESS. Lists Elaine Mathers, Joyce Smeoberg, Linda Aranda as directors and officers with their respective addresses.

Dated: 7/3/01

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.

Troop Riverside Inc
Exact Name of Corporation

By Elaine Mathers
Title President
(Report must be signed by an officer)



FOR SECRETARY OF STATE USE ONLY
File Date: 7-24-01
Check No.: 178
By: [Signature]

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-104403

Annual Report for the year 2000

1. The name of the corporation is Troop Riverside, Inc. DBA: EAST Providence Scout House Association

2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND

3. The address of the registered office of the corporation in this state is 44 COVE STREET RIVERSIDE, RI 02915

and the name of its registered agent in this state at that address is ELAINE MATHERS

4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is We are supporting a Nestoride Building which is used by Girl Scout meeting place

5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is _____

6. Corporate address in Rhode Island SAME

7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

| NAME | OFFICE | ADDRESS |
|-----------------------|----------------|--|
| <u>Elaine Mathers</u> | Director | <u>44 Cove St Riverside RI 02915</u> |
| <u>Boyce Smedberg</u> | Director | <u>41 Planet St Riverside RI 02915</u> |
| <u>Linda Arruda</u> | Director | <u>49 Dearborn Ave Riverside</u> |
| <u>Elaine Mathers</u> | President | <u>44 Cove Street Riverside RI 02915</u> |
| <u>Linda Arruda</u> | Vice-President | <u>49 Dearborn Ave Riverside 02915</u> |
| <u>Robyn Sanders</u> | Secretary | <u>18 Eleanor St Riverside RI 02916</u> |
| <u>Joyce Smedberg</u> | Treasurer | <u>41 Planet Ave Riverside RI 02915</u> |

Dated: 6-9-00

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.

Troop Riverside Inc DBA: East Providence Scout House Assn
Exact Name of Corporation

By Elaine Mathers

Title President
(Report must be signed by an officer)

FOR SECRETARY OF STATE USE ONLY

File Date: 6/9/00

Check No.: 114

By: [Signature]