



**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:** 2017

**1. Corporate ID No.** 000146593

**2. Name of Corporation** Operation Support Our Troops

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 325 LAUREL RIDGE LANE

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

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**

HELP IMPROVE THE MORAL AND WELFARE OF MEMBERS OF THE ARMED FORCES OF THE USA DEPLOYED IN HARMS WAY BY SENDING CARE PACKAGES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	PAULINE MARIE OKEEFE	985 S MAIN ST. APT A ATTLEBORO, MA 02703 USA
SECRETARY	STEVEN MIDDLETON	516 GREEN FOREST DR. SEVERNA PARK, MD 21145 USA
PRESIDENT	MARY K SALOMONE	325 LAUREL RIDGE LANE NORTH KINGSTOWN, RI 02852- USA
DIRECTOR	MARY ANN CARROLL	129 SAW MILL ROAD CHEPACHET, RI 02814 USA
DIRECTOR	CH (COL) VINCENT J. INGHILTERRA	1343 PARKS DRIVE HONOLULU, HI 96819 USA
DIRECTOR	RICHARD J. AUGUST	79 APPLETREE COURT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	LEE D CRANE	29 FAREWELL ST NEWPORT, RI 02840 USA
DIRECTOR	PEGGY LEE	2 LEISURE FARM DRIVE ARMONK, NY 10504 USA
DIRECTOR	BILL ELLIS	435 DENICE DRIVE SEMINOLE, FL 33772 USA
DIRECTOR	CATHERINE APPLIN	1600 NO. OAK ST, APT.A ARLINGTON, VA 22209 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**

MARY KAY SALOMONE 325 LAUREL RIDGE LANE NORTH KINGSTOWN , RI 02852

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

**Signed this 11 Day of June, 2017 at 4:46:57 PM 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 PAULINE M. OKEEFE  
Signature of Authorized Person

Form No. 631  
Revised 09/07