RI SOS Filing Number: 201745411830 Date: 6/12/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
00030885	**Council at Narragansett Pier, R.I. of the Boy Scouts of America**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Administration of Trust Income for Boy Scouts of Narragansett, RI.**
4. NAICS Code: **813319 - Other Social Advoc**	

6. Principal Office Address	City	State	Zip
10 Risho Avenue	**East Providence**	**RI**	**02914**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Gerard R. Goulet, Esq.**			Vice-President Name **Robert H. Pease, Jr.**		
Street Address **215 Crestwood Road**			Street Address **263 Wickford Point Road**		
City **Warwick**	State **RI**	Zip **02886**	City **North Kingstown**	State **RI**	Zip **02852**
Secretary Name **Timothy C. McCandless**			Treasurer Name **Ronald R. Musch**		
Street Address **10 Risho Avenue**			Street Address **26 Isabelle Drive**		
City **East Providence**	State **RI**	Zip **02914**	City **Narragansett**	State **RI**	Zip **02882**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Elizabeth A. Greene**			Director Name **David A. Chronley, M.D.**		
Street Address **18 Gull Road**			Street Address **4979 Tower Hill Road**		
City **Narragansett**	State **RI**	Zip **02882**	City **Wakefield**	State **RI**	Zip **02879**
Director Name **Michael J. Millen, Sr.**			Director Name		
Street Address **65 Tupelo Trail**			Street Address		
City **Narragansett**	State **RI**	Zip **02882**	City	State	Zip

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Timothy C. McCandless	**6/9/2017**

Signature of Officer/Authorized Representative: Timothy C. McCandless

SIGN DOCUMENT HERE

FILED

JUN 12 2017

BY 1243 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017