



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 00030885		2. Exact name of the Corporation 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 10 Risho Avenue		City East Providence	State RI	Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Timothy C. McCandless				Date 6/9/2017	
Signature of Officer/Authorized Representative 					

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