



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Non-Profit Corporation

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 BUS SVCS DIV

2017 JUN 14 PM 4:22

- 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 <u>129212</u>	2. Exact name of the Corporation <u>2nd RHODE ISLAND REGIMENT OF THE CONTINENTAL LINE</u>
3. State of Incorporation <u>R.I.</u>	5. Brief description of the character of business conducted in Rhode Island <u>PROMOTING INTEREST IN THE AMERICAN REVOLUTION</u>
4. NAICS Code <u>813319</u>	

6. Principal Office Address <u>10 BROOKSIDE DRIVE</u>	City <u>LINCOLN</u>	State <u>R.I.</u>	Zip <u>02865</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>CARL BECKER</u>			Vice-President Name		
Street Address <u>177 MARKET ST</u>			Street Address		
City <u>SWANSEA</u>	State <u>MA</u>	Zip <u>02777</u>	City	State	Zip
Secretary Name <u>KIRK HINDMAN</u>			Treasurer Name		
Street Address <u>10 BROOKSIDE DR</u>			Street Address		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City	State	Zip

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

Director Name <u>NORMAN DESMARAIS</u>			Director Name <u>DAVE CUNNINGHAM JR</u>		
Street Address <u>467 RIVER RD.</u>			Street Address <u>235 PAMELA DR</u>		
City <u>LINCOLN</u>	State <u>RI.</u>	Zip <u>02865</u>	City <u>SWANSEA</u>	State <u>MA</u>	Zip <u>02777</u>
Director Name <u>RUSSSELL A. DEAN</u>			Director Name		
Street Address <u>#3 BUTTERWORTH</u>			Street Address		
City <u>BRISTOL</u>	State <u>RI.</u>	Zip <u>02809</u>	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 <u>CARL D. BECKER</u>	Date <u>JUNE 14, 2017</u>
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Signature of Officer/Authorized Representative
Carl D. Becker

FILED
 JUN 14 2017

BY CU 306041