



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

Annual Report for the year:
Non-Profit Corporation 2017

- 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 43163	2. Exact name of the Corporation Greene Camp Association
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Christian Camp
4. NAICS Code 721214	

6. Principal Office Address 323 Hopkins Hollow Rd	City Coventry	State RI	Zip 02827
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas W. Tourgee			Vice-President Name NONE		
Street Address 174 Fairview Ave			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Scott Aiken			Treasurer Name Richard P. Champagne, Jr.		
Street Address P.O. Box 700			Street Address 2 Old Hope Rd.		
City N. Scituate	State RI	Zip 02852	City Coventry	State RI	Zip 02816

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 Douglas W. Tourgee			Director Name Richard P. Champagne, Jr.		
Street Address 174 Fairview Ave.			Street Address 2 Old Hope Rd.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Scott Aiken			Director Name NONE		
Street Address P.O. Box 700			Street Address		
City N. Scituate	State RI	Zip 02852	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 Rev Douglas W Tourgee	Date June 8, 2017
Signature of Officer/Authorized Representative <i>Douglas W Tourgee (Rev)</i>	

FILED

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

JUN 15 2017

BY 128 **FORM 631** Revised: 05/2017