



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 <b>560137</b>		2. Exact name of the Corporation <b>LEAPFEST ASSOCIATION</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>SUPPORT AIRBORNE COMMUNITY</b>			
5. Principal Office Address <b>2841 SOUTH COUNTY TRAIL</b>			City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CHRISTOPHER DYER</b>			Vice-President Name <b>JOHN MILLER</b>		
Street Address <b>2841 SOUTH COUNTY TRAIL</b>			Street Address <b>2841 SOUTH COUNTY TRAIL</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>CALEB SINGER</b>			Treasurer Name <b>NICOLE HUDDLESTON</b>		
Street Address <b>2841 SOUTH COUNTY TRAIL</b>			Street Address <b>2841 SOUTH COUNTY TRAIL</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>CALEB SINGER</b>			Director Name <b>JOHN MILLER</b>		
Street Address <b>2841 SOUTH COUNTY TRAIL</b>			Street Address <b>2841 SOUTH COUNTY TRAIL</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name <b>CHRISTOPHER DYER</b>			Director Name		
Street Address <b>2841 SOUTH COUNTY TRAIL</b>			Street Address		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>NICOLE HUDDLESTON</b>				Date <b>29 JUNE 2017</b>	
Signature of Officer/Authorized Representative <b>HUDDLESTON.NICOLE.1012391362</b>					

Digitally signed by HUDDLESTON.NICOLE.1012391362  
 DN: cn=HUDDLESTON.NICOLE.1012391362, ou=DoD, ou=PKI, ou=USA, cn=HUDDLESTON.NICOLE.1012391362  
 Date: 2017.06.29 09:58:51 -0400

## MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUL 05 2017

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FORM 631 - Revised: 05/2016