



Department of State - Business Services Division

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STATE
SECRETARY OF STATE
CORPORATIONS DIV
MAY - 3 PM 1:13Annual 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 000789087		2. Exact name of the Corporation North Providence Friends of Scouting			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Support Scouting Activities			
4. NAICS Code 624110 - Child and Youth Services					
6. Principal Office Address 29 Atwood Avenue		City North Providence		State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Simonin			Vice-President Name David Westcott		
Street Address 29 Atwood Avenue			Street Address 439 Angell Road		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Dmitry Zagadsky			Treasurer Name Raymond Spinella		
Street Address 6 Woodland Drive			Street Address 30 Rosewood Drive		
City West Warwick	State RI	Zip 02893	City North Providence	State RI	Zip 02904
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 Joseph Riccitelli			Director Name Warren Riccitelli		
Street Address 39 Jacksonia Drive			Street Address 39 Jacksonia Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Director Name Kevin Kennedy			Director Name Richard Simonin		
Street Address 17 Dunbar Avenue			Street Address 29 Atwood Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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 Dmitry Zagadsky				Date 4/27/2018	
Signature of Officer/Authorized Representative 				FILED SIGN DOCUMENT MAY 03 2018 BY 32992 1:14	