



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

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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<br><b>000789087</b>  |                 | 2. Exact name of the Corporation<br><b>North Providence Friends of Scouting</b>                                   |   |  |                     |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Support Scouting Activities</b> |   |  |                     |
| 4. NAICS Code<br><b>624110 - Child and Youth Services</b>  |                 |   |   |  |                     |
| 6. Principal Office Address<br><b>29 Atwood Avenue</b>   |                 | City<br><b>North Providence</b>   |   | State<br><b>RI</b>   | Zip<br><b>02904</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |  |                     |
| President Name <b>Richard Simonin</b>  |                 |   | Vice-President Name <b>David Westcott</b> |  |                     |
| Street Address <b>29 Atwood Avenue</b>   |                 |   | Street Address <b>439 Angell Road</b>     |  |                     |
| City <b>North Providence</b>   | State <b>RI</b> | Zip <b>02904</b>  | City <b>North Providence</b>              | State <b>RI</b>  | Zip <b>02904</b>    |
| Secretary Name <b>Dmitry Zagadsky</b>  |                 |   | Treasurer Name <b>Raymond Spinella</b>    |  |                     |
| Street Address <b>6 Woodland Drive</b>   |                 |   | Street Address <b>30 Rosewood Drive</b>   |  |                     |
| City <b>West Warwick</b>   | State <b>RI</b> | Zip <b>02893</b>  | City <b>North Providence</b>              | State <b>RI</b>  | Zip <b>02904</b>    |
| 8. 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>Joseph Riccitelli</b>   |                 |   | Director Name <b>Warren Riccitelli</b>    |  |                     |
| Street Address <b>39 Jacksonia Drive</b>   |                 |   | Street Address <b>39 Jacksonia Drive</b>  |  |                     |
| City <b>North Providence</b>   | State <b>RI</b> | Zip <b>02911</b>  | City <b>North Providence</b>              | State <b>RI</b>  | Zip <b>02911</b>    |
| Director Name <b>Kevin Kennedy</b>   |                 |   | Director Name <b>Richard Simonin</b>      |  |                     |
| Street Address <b>17 Dunbar Avenue</b>   |                 |   | Street Address <b>29 Atwood Avenue</b>    |  |                     |
| City <b>North Providence</b>   | State <b>RI</b> | Zip <b>02904</b>  | City <b>North Providence</b>              | State <b>RI</b>  | Zip <b>02904</b>    |
| 9. 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>        |                 |   |   |  |                     |
| 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<br><b>Dmitry Zagadsky</b>  |                 |   |   | Date<br><b>4/27/2018</b>   |                     |
| Signature of Officer/Authorized Representative<br>   |                 |   |   | <b>FILED</b><br>SIGN DOCUMENT<br><b>MAY 03 2018</b><br><b>BY 329921</b><br><b>1:14</b> |                     |

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