



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

FILED

MAY 31 2018

BY 1263

Annual Report for the year: **2018**

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 000122602		2. Exact name of the Corporation Rhode Island Military Vehicle Collectors Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Educating the public about the role military vehicles played in our history.			
4. NAICS Code 624229 - Other Community					
6. Principal Office Address 73 Sayles Hill Road			City North Smithfield	State R.I.	Zip 02896
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul J Connolly			Vice-President Name Eric deRochambeau		
Street Address 73 Sayles Hill Road			Street Address 790 Ten Rod Road		
City North Smithfield	State R.I.	Zip 02896	City North Kingstown	State R.I.	Zip 02852
Secretary Name Ralph Bennett			Treasurer Name James Thomson		
Street Address 75 SOUTH ST			Street Address 6 NICOLE WAY		
City FOXBOROUGH	State MA	Zip 02035	City REHOBOTH	State MA	Zip 02769
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 John Kane			Director Name Christopher Elliott		
Street Address 87 LIMEROCK RD			Street Address 95 ANGELL RD		
City SMITHFIELD	State RI	Zip 02917	City CUMBERLAND	State RI	Zip 02814
Director Name Raymond Vernon			Director Name Michael Moses		
Street Address 37 IDEAL CT			Street Address 31 CRESTWOOD LN		
City E. GREENWICH	State RI	Zip 02818	City CHARLESTOWN	State RI	Zip 02813
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.					
<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 Paul J. Connolly					Date 5.29.2018
Signature of Officer/Authorized Representative <i>Paul J. Connolly</i>					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov