



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 57366		2. Exact name of the Corporation Little Rhody Chapter Model A Ford Club of America	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Founded 1962. Monthly meetings, club tours, parades, car shows, cruise nights. We provide information + parts to aid other members to restore their Model A cars.	
4. NAICS Code 813990			
6. Principal Office Address 622 Hatchery Road		City North Kingstown	State RI Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DAWN MGNNUCCI		Vice-President Name ROBERT OSBORNE	
Street Address 10 Revere St.		Street Address 190 Hudson Pond Rd.	
City Pawtucket	State RI	City West Greenwich	State RI
Zip 02861		Zip 02817	
Secretary Name JOHN MGNNUCCI		Treasurer Name EVIE OSBORNE	
Street Address 10 Revere St.		Street Address 190 Hudson Pond Rd.	
City PAWTUCKET	State RI	City WEST GREENWICH	State RI
Zip 02861		Zip 02817	
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 DOMENIC MOSCA		Director Name CHARLES HOWARD, SR.	
Street Address 1145 SWEETASH RD.		Street Address 622 HATCHERY RD	
City NARRAGANSETT	State RI	City North Kingstown	State RI
Zip 02879		Zip 02852	
Director Name Ruth Andre		Director Name	
Street Address 23 Union Street		Street Address	
City Riverside	State RI	City	State
Zip 02915		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 EVIE OSBORNE			Date 6/1/18
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE 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 07 2018

BY...

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FORM 631 - Revised: 11/2017