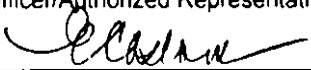





State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 51366		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	Zip 02861	City West Greenwich	State RI	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	Zip 02861	City WEST GREENWICH	State RI	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 SWEETCOTASH RD.			Street Address 622 HATCHERY RD		
City NARRAGANSETT	State RI	Zip 02899	City North Kingstown	State RI	Zip 02852
Director Name Ruth Andre			Director Name		
Street Address 23 Union Street			Street Address		
City Riverside	State RI	Zip 02915	City	State	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.					
<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 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... **B11**