



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.

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SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN - 7 PM 4:32

1. Entity ID Number 129212		2. Exact name of the Corporation 2nd RHODE ISLAND REGIMENT OF THE CONTINENTAL ARMY	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island PROMOTING INTEREST IN THE AMERICAN REVOLUTION	
4. NAICS Code 711110			
6. Principal Office Address 10 BROOKSIDE DRIVE		City LINCOLN	State R.I. Zip 02865
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐			
President Name CARL BECKER		Vice-President Name	
Street Address 177 MARKET ST		Street Address	
City SWANSEA	State MA	Zip 02777	
Secretary Name KIRK HINDMAN		Treasurer Name	
Street Address 10 BROOKSIDE DR		Street Address	
City LINCOLN	State R.I.	Zip 02865	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name NORMAN DESMARAIS		Director Name DAVID CUNNINGHAM JR.	
Street Address 467 RIVER ROAD		Street Address 235 PAMELA DR.	
City LINCOLN	State R.I.	Zip 02865	City SWANSEA State MA Zip 02777
Director Name RUSSELL A. DEAN		Director Name	
Street Address 43 BUTTERWORTH		Street Address	
City BRISTOL	State R.I.	Zip 02809	
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 CARL D. BECKER		Date JUNE 7, 2018	
Signature of Officer/Authorized Representative <i>Carl D. Becker</i>		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

BY *[Signature]* JUN 07 2018 23 22 34 4:32