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.

STATE OF RI
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CORPORATIONS DIV
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1. Entity ID Number	2. Exact name of the Corporation
129212	2nd RHODE ISLAND REGIMENT OF THE CONTINENTAL LINE
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: 71110.	

6. Principal Office Address	City	State	Zip
10 BROOKSIDE DRIVE	LINCOLN	R.I.	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	City	State	Zip
Secretary Name: KIRK HINDMAN			Treasurer Name		
Street Address: 10 BROOKSIDE DR			Street Address		
City: LINCOLN	State: R.I.	Zip: 02865	City	State	Zip

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	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.

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	Date
CARL D. BECKER	JUNE 7, 2018

Signature of Officer/Authorized Representative: Carl D. Becker — 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

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