RI SOS Filing Number: 201866970870 Date: 7/2/2018 11:21:00 AM



State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

- 1. Corporate ID No. 000506612
- 2. Name of Corporation Camp Fuller Road Association
- 3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

6

Fee: \$20.00

813990

4. Corporate Address in Rhode Island

No. and Street: 240 CAMP FULLER ROAD

City or Town: WAKEFIELD State: RI Zip: <u>02879</u> Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ORGANIZATION OF PERSONS OWNING LAND SERVED BY CAMP FULLER ROAD

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	RICJARD R CRANSTON	240 CAMP FULLER ROAD
TREASURER	SUSAN DESANTIS	WAKEFIELD, RI 02879 USA
	000/111/020/111110	100 WILDERNESS TRAIL WAKEFIELD, RI 02879 USA
SECRETARY	SALLY DAVIS	591 CAMP FULLER ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	DAVID BLACKBURN MR	455 CAMP FULLER ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	SALLY DAVIS MRS	591 CAMP FULLER ROAD WAKEFIELD, RI 02879 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

RICHARD R. CRANSTON 240 CAMP FULLER ROAD WAKEFIELD, RI 02879

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of July, 2018 at 11:22:43 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By SUSAN DESANTIS

Signature of Authorized Person

Form No. 631 Revised 09/07

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