



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.

FILED
 JUL 02 2018
 BY 62635

1. Entity ID Number 001340228		2. Exact name of the Corporation Project Adventure, Inc.			
3. State of Incorporation MA		5. Brief description of the character of business conducted in Rhode Island Educational workshops and trainings. Challenge course services including repairs, inspection, and installation.			
4. NAICS Code 611710					
6. Principal Office Address 719 Cabot Street			City Beverly	State MA	Zip 01915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name: Richard Ross			Vice-President Name		
Street Address 719 Cabot St.			Street Address		
City Beverly	State MA	Zip 01915	City	State	Zip
Secretary Name: Elizabeth Norris Neu			Treasurer Name Steve Goeben		
Street Address 719 Cabot St.			Street Address 719 Cabot St.		
City Beverly	State MA	Zip 01915	City Beverly	State MA	Zip 01915
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Christopher Weld, Jr.			Director Name Alida Bryant		
Street Address 719 Cabot St.			Street Address 719 Cabot St.		
City Beverly	State MA	Zip 01915	City Beverly	State MA	Zip 01915
Director Name Jerry Pieh			Director Name Doug Sanders		
Street Address 719 Cabot St.			Street Address 719 Cabot St.		
City Beverly	State MA	Zip 01915	City Beverly	State MA	Zip 01915
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 Elizabeth Norris Neu, Secretary and Chief Financial Officer					Date 6/11/18
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

**Additional Directors for Project Adventure, Inc.
Entity No. 001340228**

Diana Mathey	719 Cabot St., Beverly, MA 01915
Dick Morgan	720 Cabot St., Beverly, MA 01915
Jim Oker	721 Cabot St., Beverly, MA 01915
Meleena Erikson	722 Cabot St., Beverly, MA 01915
Scott Beyer	723 Cabot St., Beverly, MA 01915

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JUL 02 2018

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