



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

Annual Report for the year: 2019

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

MAY 17 2019

BY 1619 DS

1. Entity ID Number 000081491		2. Exact name of the Corporation BUTTONWOODS CAMPERS ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island DOMESTIC NON-PROFIT ASSOCIATION OF SEASONAL COTTAGE OWNERS ON LEASED LAND PAYING ANNUAL RENT TO BUDLONG FARM, 595 BUDLONG FARM ROAD, WARWICK, RI 02886			
4. NAICS Code 813319 - Other Social Advoca					
6. Principal Office Address 59 ANDREW COMSTOCK RD			City WARWICK	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JUDY HEBERT			Vice-President Name MITHCHELL STERN		
Street Address 56 ANDREW COMSTOCK RD			Street Address 50 ANDREW COMSTOCK RD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name JOANNE BUSSIERE			Treasurer Name WILLIAM F MCCAUGHEY III		
Street Address 11 ANDREW COMSTOCK RD			Street Address 7 ANDREW COMSTOCK RD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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 LARRY RZEPECKI			Director Name THOMAS CONLEY		
Street Address 52 PARIS ST			Street Address 40 TAYLOR ST		
City PAWTUCKET	State RI	Zip 02860	City CRANSTON	State RI	Zip 02920
Director Name JOSEPH BECKER			Director Name XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Street Address 10 SOUTH CENTER ST			Street Address XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
City WINDSOR LOCKS	State CT	Zip 06096	City XXXXXXXXXXXXXXXXXXXX	State XXXXX	Zip XXXX
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 WILLIAM F. MCCAUGHEY III				Date MAY 25, 2019	
Signature of Officer/Authorized Representative <i>Wm F. McCaughey III</i>				Chk # 1619	