



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.

RECEIVED
CORPORATION

2019 MAY 28 PM 12:15

1. Entity ID Number 000030080		2. Exact name of the Corporation Rhode Island Family Campers Association, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote family camping in a group setting	
4. NAICS Code 813312 - Environment, Cons			
6. Principal Office Address 52 Martha Street		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jason Marchetti		Vice-President Name Ronald Nevue	
Street Address 2 Water Wheel Lane		Street Address 147 Jenckes Hill Road	
City North Kingstown	State RI	City Lincoln	State RI
Zip 02852		Zip 02865	
Secretary Name Brenda Martins		Treasurer Name Diane Dyer	
Street Address 52 Martha Street		Street Address 518 Middle Road	
City Pawtucket	State ri	City East Greenwich	State RI
Zip 02860		Zip 02818	
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 David Tassias		Director Name Patricia Sprague	
Street Address 37 Trumbull Street		Street Address 19 King Philip Road	
City Pawcatuck	State CT	City Coventry	State RI
Zip 06379		Zip 02816	
Director Name Eugene Dyer		Director Name Shari Whittemore	
Street Address 318 Middle Road		Street Address 82 Turner Road	
City East Greenwich	State RI	City Townsend	State MA
Zip 02818		Zip 01460	
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 Brenda Martins, Secretary		Date 5-28-19	
Signature of Officer/Authorized Representative <i>Brenda A. Martins</i>			

FILED

MAY 28 2019

BY *[Signature]* ZWARR3

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615