

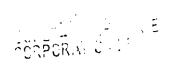
2019

## Annual Report for the year: 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.



2019 MAY 28 PH 12: 15

| 1. Entity ID Number  | lo Ev       | 2. Exact name of the Corporation   |     |           |                                      |       |         |       |       |  |
|--|-------------|--|-----|-----------|--------------------------------------|-------|---------|-------|-------|--|
| 000030080  |             | Rhode Island Family Campers Association, Inc.                            |     |           |                                      |       |         |       |       |  |
| State of Incorporation   | <del></del> | Brief description of the character of business conducted in Rhode Island |     |           |                                      |       |         |       |       |  |
| RI   |             | To promote family camping in a group setting                             |     |           |                                      |       |         |       |       |  |
|  | <b>∦</b> `  |  | •   |           |                                      |       |         |       |       |  |
| 4 NAICS Code   | 1           |  |     |           | •                                    |       |         |       |       |  |
| 813312 - Environment, Cons   |             |  |     |           |                                      |       |         |       |       |  |
| 6. Principal Office Address  |             |  |     | City      |                                      | State |         | Zip   |       |  |
| 52 Martha Street   |             |  |     | Pawtucket | RI                                   |       | 02      | 02860 |       |  |
| 7. List ALL officers (names and addresses)  Check the box to indicate an attachment  |             |  |     |           |                                      |       |         |       |       |  |
| President Name Jason Marchetti   |             |  |     |           | Vice-President Name Ronald Nevue     |       |         |       |       |  |
| Street Address 2 Water Wheel Lane  |             |  |     |           | Street Address 147 Jenckes Hill Road |       |         |       |       |  |
| North Kingstown  | State       | RI   | Zip | 02852     | City Lincoln                         | State | RI      | Zip   | 02865 |  |
| Secretary Name Brenda Martins  |             |  |     |           | Treasurer Name Diane Dyer            |       |         |       |       |  |
| Street Address 52 Martha Street  |             |  |     |           | Street Address 518 Middle Road       |       |         |       |       |  |
| City Pawtucket   | State       | ri   | Zip | 02860     | City East Greenwich                  | State | RI      | Zip   | 02818 |  |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment  |             |  |     |           |                                      |       |         |       |       |  |
| Director Name David Tassias  |             |  |     |           | Director Name Patricia Sprague       |       |         |       |       |  |
| treet Address 37 Trumbull Street   |             |  |     |           | Street Address 19 King Philip Road   |       |         |       |       |  |
| City Pawcatuck   | State       | СТ   | Zip | 06379     | City Coventry                        | State | RI      | Zip   | 02816 |  |
| Director Name Eugene Dyer  |             |  |     |           | Oirector Name Shari Whittemore       |       |         |       |       |  |
| Street Address 318 Middle Road   |             |  |     |           | Street Address 82 Turner Road        |       |         |       |       |  |
| City East Greenwich  | State       | RI   | Zip | 02818     | City Townsend                        | State | MA      | 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  |             |  |     |           |                                      |       | Date    |       |       |  |
| BRANDA MORSIAS SOCRETARY   |             |  |     |           |                                      |       | 5-28-19 |       |       |  |
| Signature of Officer/Authorized Representative  MAY 28 2019  |             |  |     |           |                                      |       |         |       |       |  |
| TIVINI AN A TILESTONE MAY 28 71110   |             |  |     |           |                                      |       |         |       |       |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

BY ZWRR3