



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

FILED

JUN 21 2019

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RV 2388 TOP SECRETARY OF STATE USE ONLY

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.

1. Entity ID Number 28579		2. Exact name of the Corporation Miskiania Camp			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promoting social intercourse amongst its members			
4. NAICS Code 813990 - Other Similar Or					
6. Principal Office Address 97 John Clarke Road		City Middletown	State RI	Zip 02842	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William W. Harvey			Vice-President Name		
Street Address 97 John Clarke Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Donald N. Kaul			Treasurer Name Donald N. Kaul		
Street Address 43 Benedict Avenue			Street Address 43 Benedict Avenue		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
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 Donald N. Kaul			Director Name James Brady		
Street Address 43 Benedict Avenue			Street Address 33 Middlefield Street		
City Portsmouth	State RI	Zip 02871	City Groton Long Point	State CT	Zip 06349
Director Name William W. Harvey			Director Name		
Street Address 97 John Clarke Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
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 W. Harvey				Date 6/16/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov