RI SOS Filing Number: 202041362400 Date: 6/1/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED JUN 0 1 2020 &

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.

| · | - | | | * | |
|---|---|--------------|--|----------------|--------------|
| 1. Entity ID Number | 2. Exact name of the Corporation | | | | |
| 43163 | Greene Camp Association | | | | |
| 3. State of Incorporation | 5. Brief description of the character of business conducted in Rhode Island | | | | |
| Rhode Island | Christia | n Ca | amp | | |
| 4. NAICS Code | 1 0////3/// | | 1 | | |
| 72/2/4 | | | | | |
| 6. Principal Office Address | 11 11 7 |) 1 | City | State | Zip |
| 323 Hopkins | Hollow R | d. | Coventry | RI | 02827 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | |
| | | | Vice-President Name | | |
| Douglas W. lourgee | | | NONE | | |
| 174 Fairview Avenue | | | Street Address | | |
| Coventry | State Zip | 2816 | City | State | Zıp |
| Secretary Name Scott Arken | | | Ireasurer Name Description Person Perso Person Person Person Person Person Person Person | ampagne | To |
| Street Address PO Box 700 | | | Street Address | Road | |
| N. Schate | State Zip | 28 <i>52</i> | Coventry | State - | 2ip 02816 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. | | | | | |
| Check the box to indicate an attachment | | | | | |
| Douglas W. Tourgee | | | Director Name Champagne Ir | | |
| Street Address Fairview | 1 Ave | | Street Address A Old Hope | $\mathcal{R}d$ | • , • • |
| City over try | State Zip | 2816 | Coven to u | State 7 | D2816 |
| Scott Aiken | | | Director Name | | |
| Street Address BOX. 700 | | | Street Address | | |
| My Souther te | State Zip | 1852 | 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. | | | | | |
| 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 / / | |
| NEW Thomas IN Tourage | | | | 6/1/20 | <u> </u> |
| Signature of Officer/Authorized Representative | | | | | |
| SIST DOCUMENT HERE | | | | | |
| | | | | - | |

MAIL TO:
Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.rr.gov