



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 001665587

**2. Name of Corporation** Baden-Powell Service Association of Rhode Island

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

**4. Corporate Address in Rhode Island**

No. and Street: 3181 PAWTUCKET AVENUE

City or Town: RIVERSIDE

State: RI Zip: 02915 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO OPERATE EXCLUSIVELY FOR CHARITBLE EDUCATIONAL AND SCIENTIFIC  
PURPOSES WITHIN THE MEANING OF SECTION 501C3 OF THE INTERNAL REVENUE  
CODE OF 1986 AS AMENDED

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| DIRECTOR     | JUDI JEROSLOW                                         | 55 HAMMOND STREET<br>PROVIDENCE, RI 02909 USA                     |
| DIRECTOR     | CAITLIN PORTER                                        | 105 WORCESTER AVENUE<br>RIVERSIDE, RI 02915 USA                   |
| DIRECTOR     | CAROLINE MAILLOUX                                     | 22 MURRAY CIRCLE<br>RAYNHAM, MA 02767 USA                         |
| DIRECTOR     | ROBERT MCKAY                                          | 3181 PAWTUCKET AVENUE<br>RIVERSIDE, RI 02915 USA                  |
| DIRECTOR     | KATHERINE MCQUADE                                     | 600 GREAT ROAD<br>LINCOLN, RI 02865 USA                           |
| DIRECTOR     | JOHN LUND                                             | 25 BRAE STREET<br>N. PROVIDENCE, RI 02911 USA                     |
| DIRECTOR     | O'RYA HYDE KELLER                                     | 33 ADAMS POINT<br>BARRINGTON, RI 02806 USA                        |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

W. THOMAS HUMPHREYS, ESQ. CAMERON AND MITTLEMAN LLP 301 PROMENADE STREET  
PROVIDENCE , RI 02908

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 28 Day of July, 2020 at 4:24:26 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By W. THOMAS HUMPHREYS  
Signature of Authorized Person

Form No. 631  
Revised 09/07