

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

<b>ON-PROFIT</b>	CORPORATION ANNUAL	REPORT FOR THE YEAR	200
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Filing Period: June 1 - June 30 • Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 129174 Troop 12 Boosters, Inc. 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City Zip **RHODE ISLAND** 6 Intervale Drive Cumberland 02864 5. Foreign corporation. Enter principal office address G. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO RAISE, HOLD AND DISTRIBUTE FUNDS FOR TROOP 12 BERKLEY ASHTON OF THE BOY SCOUTS OF AMERICA. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name <u>Don Martin</u> <u> Alfred J. Spadoni</u> Street Address Street Address 361 Scótt Road 81 Stoddard Drive City Sinte State Zib Cumberland 02864 RIN. Attleboro MA 02/60 Secretary Name Treasurer Name Edward H. Bradshaw Renamarie DiMuccio Street Address Street Address Eisenhower Street 6 Intervale Drive Zip Cumberland 02864 Cumberland 02864 RΙ 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Director Name Don Martin Alfred J. Spadoni Street Address Street Address 361 Scott Road 81 Stoddard Drive City City State Zio Cumberland RI 02864 N. Attleboro 02760 Director Name Director Name Edward H. Bradshaw Street Address Sireci Address 22 Eisenhower Street City State 210 City State Zip Cumberland 02864 RT 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 Address ANTHONY J. DELISI, JR. ESQ. Address Zip Chy **875 CENTERVILE ROAD** WARWICK 02886-This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this 129174 report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. 6-6-05 File Date gitature of Officer enamarie Print or Type Name of Officer Ireasure( FOR SECRETARY OF STATE USE ONLY

Title of Officer



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## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.3040

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Corporate ID No.	2. Name of Corpo	ration	<u> </u>		<u>-</u>
129174	Troop 12 Boosters, Inc.				
3. State of Incorporation	4 Corporate addi	ress in Rhode Island - Sircei Ad	Idress	City	Zip
RHODE ISLAND	6 Intervale Drive			Cumberland	02864
5. Foreign corporation. Enter principal office address			City	State	72004 Zip
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	DISTRIBUTE FUNI	DS FOR TROOP 12 BERK	LEY ASHTON OF THE BOY SCO		<u> </u>
	SES OF THE OFFI	ICERS: ("X" BOX FOR ATT	FACHMENT) TILL IN SPACE	S BEFORE USING ATTA	CHMENTS
President Name Don A. Martin			Vice President Name		
reei Address	ractin	<del></del>	Alfred J. Spadon	<u> </u>	
-	att Bood		Street Address		
	ott Road State	Zip	81 Stoddard Driv	State	7/0
Cumberland	RI	, ·	1 1		Zip
ocretary Name	1 7,1	02864	N. Attleboro	<u>Ma</u>	
•	H. Bradshaw	<u> </u>	Renamarie DiMuco	io	
reel Address			Street Address		
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. NAMES AND ADDRESS THE NUMBER OF DIRECTOR Name  Don A. Treet Address  361 Sec	SES OF THE DIRECTORS OF A DOM  Martin  Ott Road	02864 ECTORS: ("x" BOX FOR A MESTIC (RHODE ISLAN	Cumberland  TTACHMENT) FILL IN SPACE  D) CORPORATION SHALL NO  Director Name  Alfred J. Spadon  Street Address  81 Stoddard Driv	RI ES BEFORE USING ATTA  OT BE LESS THAN THE	02864 ACHMENTS LEE (3). R.I.G.L.
. NAMES AND ADDRESS THE NUMBER OF DIRECTOR Name  Don A. Treet Address  361 Section	Martin  State	02864 ECTORS: ("X" BOX FOR A MESTIC (RHODE ISLAN	Cumberland  CITACHMENT) FILL IN SPACE  CD) CORPORATION SHALL NO  Director Name  Alfred J. Spadom  Sired Address  81 Stoddard Driv  City	RI ES BEFORE USING ATTA OT BE LESS THAN THE	02864 ACHMENTS EE (3). R.I.G.L. 7
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Don A. Ireel Address  Street Address  Fedward  Fedward  Fedward	Martin  Ott Road  State  RI  H. Bradshaw	02864 ECTORS: ("X" BOX FOR A MESTIC (RHODE ISLAN  Zip 02864	Cumberland  TTACHMENT) FILL IN SPACE  D) CORPORATION SHALL NO  Director Name  Alfred J. Spadon  Street Address  81 Stoddard Driv  City  N. Attleboro	RI ES BEFORE USING ATTA OT BE LESS THAN THE	02864 ACHMENTS EE (3). R.I.G.L. 7
Don A.  Treet Address  361 Section  Cumberland  Director Name  Edward  Treet Address  22 Eise	Martin  Ott Road  State  RI  H. Bradshaw	O2864 ECTORS: ("X" BOX FOR A MESTIC (RHODE ISLAN  ZIP  O2864	Cumberland  OTTACHMENT) FILL IN SPACE  D) CORPORATION SHALL NO  Director Name  Alfred J. Spadon  Street Address  81 Stoddard Driv  City  N. Attleboro  Director Name  Street Address	RI ES BEFORE USING ATTA OT BE LESS THAN THE DI E  State  Ma	02864 ACHMENTS EE (3). R.I.G.L. 7
S. NAMES AND ADDRESS THE NUMBER OF DIRECTORY Don A. Treet Address  361 Section Cumberland Director Name  Fedward Treet Address  22 Eise	Martin  Ott Road  State  RI  H. Bradshaw	O2864 ECTORS: ("X" BOX FOR A MESTIC (RHODE ISLAN  Zip O2864	Cumberland  TTACHMENT) FILL IN SPACE  D) CORPORATION SHALL NO  Director Name  Alfred J. Spadon  Street Address  81 Stoddard Driv  Cuy  N. Attleboro  Director Name	RI ES BEFORE USING ATTA OT BE LESS THAN THE	02864 ACHMENTS EE (3). R.I.G.L. 7
. NAMES AND ADDRESS THE NUMBER OF DIRECTOR Name  Don A.  Treet Address  361 Section  Treet Address  Edward  Treet Address  22 Eise  Treet Address  Don A.  Treet Address  Edward  Treet Address  Cumberland	Martin  Ott Road  State  RI  H. Bradshaw  enhower Stree  State  RI	O2864 ECTORS: ("X" BOX FOR A MESTIC (RHODE ISLAN  Zip O2864  Zip O2864	Cumberland  OTTACHMENT) FILL IN SPACE  D) CORPORATION SHALL NO  Director Name  Alfred J. Spadon  Street Address  81 Stoddard Driv  City  N. Attleboro  Director Name  Street Address  City	RI ES BEFORE USING ATTA  OT BE LESS THAN THE  TE  State  Ma	02864 ACHMENTS   EE (3). R.I.G.L. 7   Zip   02760
. NAMES AND ADDRESS THE NUMBER OF DIRECT DON A. Treet Address  361 Section Treet Address  Edward Treet Address  22 Eise Treet Address  Cumberland Treet Address  109  Cumberland Treet Address  REGISTERED AGENT I	Martin  Ott Road  State  RI  H. Bradshaw  enhower Stree  State  RI  N RHODE ISLAN	O2864 ECTORS: ("X" BOX FOR A MESTIC (RHODE ISLAN  Zip O2864  Zip O2864	Cumberland  OTTACHMENT) FILL IN SPACE  D) CORPORATION SHALL NO  Director Name  Alfred J. Spadon  Street Address  81 Stoddard Driv  City  N. Attleboro  Director Name  Street Address	RI ES BEFORE USING ATTA  OT BE LESS THAN THE  TE  State  Ma	02864 ACHMENTS   EE (3). R.I.G.L. 7   Zip   02760
Cumberland Director Name  Series Address  361 Secretary  Cumberland  Director Name  Edward  Irred Address  22 Eise  Tity  Cumberland Director Name  ANTHONY J. DELISI, JR. E	Martin  Ott Road  State  RI  H. Bradshaw  enhower Stree  State  RI  N RHODE ISLAN	O2864 ECTORS: ("X" BOX FOR A MESTIC (RHODE ISLAN  Zip O2864  Zip O2864	Cumberland  TTACHMENT) FILL IN SPACE  D) CORPORATION SHALL NO  Director Name  Alfred J. Spadon  Street Address  81 Stoddard Driv  City  N. Attleboro  Director Name  Street Address  City  hanges require filing of Force	RI ES BEFORE USING ATTA  OT BE LESS THAN THE  TE  State  Ma	02864 ACHMENTS   EE (3). R.I.G.L. 7   Zip   02760
S. NAMES AND ADDRESS THE NUMBER OF DIRECTORY Name  Don A. Street Address  361 Section  Cumberland  Director Name  Edward  Street Address  22 Eise  Tity  Cumberland  REGISTERED AGENT IN  Gent Name	Martin  Ott Road  State  RI  H. Bradshaw  enhower Stree  State  RI  N RHODE ISLAN	O2864 ECTORS: ("X" BOX FOR A MESTIC (RHODE ISLAN  Zip O2864  Zip O2864	Cumberland  TTACHMENT) FILL IN SPACE  D) CORPORATION SHALL NO  Director Name  Alfred J. Spadon  Street Address  81 Stoddard Driv  City  N. Attleboro  Director Name  Street Address  City  hanges require filing of Force	RI ES BEFORE USING ATTA  OT BE LESS THAN THE  TE  State  Ma	02864 ACHMENTS   EE (3). R.I.G.L. 7   Zip   02760

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File Date	FILED	statements contained he
Check No	JUN 21 2004	Signoure of Officer
Ву:	By 956GAM	Print or Type Name of O.
F	OR SECRETARY OF STATE USE ONLY	Title of Officer

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 and true and correct.

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