RI SOS Filing Number: 202197744970 Date: 6/3/2021 9:52:00 AM

State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN -3 AM 9:51

Annual Report for the year: 2020

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
001679141	Camp Lucky Strike,Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Homeowners Association
4. NAICS Code: 531390	

6. Principal Office Address	City	State	Zip
37 Ragnell Rd	West Greenwich	RI	02817

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Stephen St.Onge			Vice-President Name: Denise Oneppo		
Street Address: 37 Ragnell Rd			Street Address: 21 Kennedy Dr		
City: West Greenwich	State: RI	Zip: 02817	City: Warwick	State: RI	Zip: 02889
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name: Denise Oneppo			Director Name: Stephen St.Onge		
Street Address: 21 Kennedy Dr			Street Address: 37 Ragnell Rd		
City: Warwick	State: RI	Zip: 02889	City: West Greenwich	State: RI	Zip: 02817
Director Name: Kenneth M St.Onge			Director Name:		
Street Address: 41 Ragnell Rd			Street Address:		
City: West Greenwich	State: RI	Zip: 02817	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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
Denise Oneppo	5-21-21

Signature of Officer/Authorized Representative

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

IL 40240

FORM 631 - Revised: 08/2020