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

Foreign Non-Profit 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: 2021

1. Corporate ID No. 001337560

2. Name of Corporation workcampNE, Inc.

3. State of Incorporation

State: NH

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

624229

4. Principal Office Address

No. and Street: 189 CHARLES BANCROFT HIGHWAY
City or Town: LITCHFIELD State: NH Zip: 03052 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 37 BUCKINGHAM DRIVE

City or Town: LONDONDERRY State: NH Zip: 03053 Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE FREE HOME REPAIRS FOR UNDER-RESOURCED, ELDERLY AND OR HOMEOWNERS THAT ARE PHYSICASLLY UNABLE TO DO THE WORK THEMSELVES AT NO COST TO THE HOMEOWNER.

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVE HARRISON	8 HALL RD LONDONDERRY, NH 03053 USA
TREASURER	WADE HAMILTON	34 WINDSONG CIRCLE BEDFORD, NH 03110 USA
SECRETARY	JULIE NEVERMAN	37 BUCKINGHAM DR. LONDONDERRY, NH 03052 USA
DIRECTOR	STEVE CULLUM	1444 GAY ST. LONGMONT, CO 80501 USA
DIRECTOR	KENNETH THERRIEN	189 CHARLES BANCROFT HWY LITCHFIELD, NH 03052 USA

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

MICHAEL GADOURY 807 BROAD ST # 237 PROVIDENCE , RI 02907

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

Signed this 15 Day of June, 2021 at 2:22:05 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 JULIE NEVERMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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