



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2021**

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.

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1. Entity ID Number <b>000789087</b>		2. Exact name of the Corporation <b>North Providence Friends of Scouting</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Support Scouting & Youth Leadership Programs			
4. NAICS Code 624110 - Child and Youth Services					
6. Principal Office Address 39 Byron Street		City North Providence	State RI	Zip 02911	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Richard Simonin</b>			Vice-President Name <b>Warren Riccitelli</b>		
Street Address <b>29 Atwood Ave</b>			Street Address <b>39 Jacksonia Dr.</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>Joseph Riccitelli</b>			Treasurer Name <b>Raymond Spinella</b>		
Street Address <b>39 Byron Street</b>			Street Address <b>20 Rosewood Drive</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kevin Kennedy</b>			Director Name <b>Dmitry Zagadsky</b>		
Street Address <b>17 Dunbar Ave</b>			Street Address <b>6 Woodland Drive</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name <b>Richard Simonin</b>			Director Name <b>WARREN Riccitelli</b>		
Street Address <b>29 Atwood Ave.</b>			Street Address <b>39 Jacksonia Dr.</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Joseph Riccitelli</b>				Date <b>06/14/2021</b>	
Signature of Officer/Authorized Representative <i>Joseph Riccitelli</i>				<b>FILED</b>	

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

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BY le 63mad  
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