



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 04 2022

BY

1. Entity ID Number 000028157		2. Exact name of the Corporation MADCAP INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To further the aeronautical knowledge and proficiency of the pilots of the corporation.			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address 33 Rhodes Street		City Cumberland		State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Leonard Dunn			Vice-President Name Ross McCurdy		
Street Address 33 Rhodes Street			Street Address 10 Meadow View Drive		
City Cumberland	State RI	Zip 02864	City Smithfield	State RI	Zip 02917
Secretary Name Keith Salisbury			Treasurer Name Matt Ruwe		
Street Address 2344 Plainfield Pike			Street Address 24 Mendon Street		
City Johnston	State RI	Zip 02919	City Hopedale	State MA	Zip 01747
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Keith Salisbury			Director Name Ross McCurdy		
Street Address 2344 Plainfield Pike			Street Address 10 Meadow View Drive		
City Johnston	State RI	Zip 02919	City Smithfield	State RI	Zip 02917
Director Name Matt Ruwe			Director Name Leonard Dunn		
Street Address 24 Mendon Street			Street Address 33 Rhodes Street		
City Hopedale	State MA	Zip 01747	City Cumberland	State RI	Zip 02864
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Matt Ruwe				Date 4/1/2022	
Signature of Officer/Authorized Representative 					

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