



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAR -7 AM 11:54

1. Entity ID Number 001723386		2. Exact name of the Corporation FRIENDS OF PACK 3, EAST GREENWICH			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO SUPPORT THE ACTIVITIES AND MISSION OF CUB SCOUT PACK 3, EAST GREENWICH			
4. NAICS Code 813410 <input type="checkbox"/>					
6. Principal Office Address PO BOX 551		City EAST GREENWICH	State RI	Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RONALD H WINDE III			Vice-President Name MONICA MCMAHON		
Street Address 264 RANDALL AVENUE			Street Address 30 CHIEF BOTHELLO COURT		
City WARWICK	State RI	Zip 02889	City EAST GREENWICH	State RI	Zip 02818
Secretary Name NONE			Treasurer Name CHARLES RANNEY		
Street Address			Street Address 255 TANGLEWOOD DRIVE		
City	State	Zip	City EAST GREENWICH	State RI	Zip 02818
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 JOSEPH CARBERRY			Director Name ZACH SKELTON		
Street Address 213 CINDYANN DRIVE			Street Address 25 SEVERN COURT		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Director Name JOHN MCLAUGHLIN			Director Name		
Street Address 1240 WATERFORD DRIVE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	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.					
<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 CHARLES RANNEY				Date 3/7/2023	
Signature of Officer/Authorized Representative 				3/7/2023	

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

FILED

MAR 07 2023

FORM 631 - Revised: 2/2023

BY BXUWW
11:56 AM