



State of Rhode Island
 Department of State - Business Services Division

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

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.

2023 MAR -7 AM 11:55

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							
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 JOHNATHAN MALONE				
Street Address 213 CINDYANN DRIVE			Street Address 190 LUCAS ROAD				
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818		
Director Name MATTHEW PLAIN			Director Name				
Street Address 8 GLADRIDGE 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.							
<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 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

BY Bxvww

11:55 DJ