



RI SOS Filing Number: 202333409130 Date: 4/19/2023 11:58:00 AM
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Non-Profit Corporation

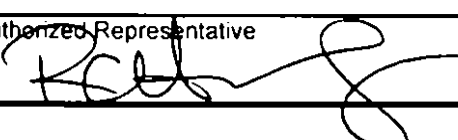
→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR 19 AM 11:57

1. Entity ID Number 000033914		2. Exact name of the Corporation WESTERLY, R. I. TROOPS, BOY SCOUTS OF AMERICA, INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EDUCATIONAL AND CAMPING FACILITIES FOR SCOUTING			
4. NAICS Code 813110					
6. Principal Office Address 10Narragansett Avenue		City Westerly		State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas J Gulluscio			Vice-President Name Francis Fleck Jr.		
Street Address 6 Evergreen Lane			Street Address 46 Ashaway Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Charles McGrath			Treasurer Name Rudolf C Hauser Jr		
Street Address 16 Benefit Street			Street Address 10 Narragansett Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Barry Musto			Director Name Pat McDonald		
Street Address 9 Sleepy Hollow Court			Street Address 22 Mechanic Street		
City Westerly	State RI	Zip 02891	City Hope Valley	State RI	Zip 02832
Director Name WILLIAM LANDRY			Director Name NATHANIEL MITKOWSKI		
Street Address 11 ROBIN LANE			Street Address 95 KUEHN ROAD		
City Ledyard	State CT	Zip 06339	City Ashaway	State RI	Zip 02804
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 Rudolf C Hauser Jr				Date 04/18/2023	
Signature of Officer/Authorized Representative 				FILED APR 19 2023 BY  11:58	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov