



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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR 20 A 10:50

1. Entity ID Number 000129174		2. Exact name of the Corporation Troop12 Booster's, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To raise, hold and distribute funds for Troop 12 Berkeley Ashton of the Boy Scouts of America			
4. NAICS Code 813319					
6. Principal Office Address 30 Claris Street		City Warwick		State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Normand G. Tellier			Vice-President Name Jodie R. Tellier		
Street Address 30 Claris Street			Street Address 30 Claris Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Paul L. Calitri			Treasurer Name John Kanakry		
Street Address 46 Pine Road			Street Address 31 Boardman Avenue		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 Normand G. Tellier			Director Name Jodie R. Tellier		
Street Address 30 Claris Street			Street Address 30 Claris Street		
City Warwick	State RI	Zip 02889	City Warwick	State	Zip 02889
Director Name Paul L. Calitri			Director Name John Kanakry		
Street Address 46 Pine Road			Street Address 31 Boardman Avenue		
City Cumberland	State RI	Zip 02864	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.					
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 Normand G. Tellier					Date 4/19/2023
Signature of Officer/Authorized Representative 					

FILED

APR 20 2023
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