

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2024 **Non-Profit Corporation** 

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00

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→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.	•	₽ <del>"</del>	`		
1. Entity ID Number 001689584	2. Exact name of the Corporation Troop 1 Diamond Hill, Inc.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Boy Scout Troop						
4. NAICS Code							
813319							
6. Principal Office Address		-	City	State	Zip		
39 Edith Street			Cumberland	RI	02864		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name			Vice-President Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
B. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment.							
Director Name David Becker			Director Name John DeDonato				
Street Address 39 Edith Street			Street Address 3 Oakledge Road				
<sup>City</sup> Cumberland	State RI	<sup>Zip</sup> 02864	City Cumberland	State RI	Zip U2004		
Director Name John DeStefano			Director Name Carl Rodrigues				
Street Address 2 Oakledge Road			Street Address 275 Abbey Drive				
<sup>City</sup> Cumberland	State RI	<sup>Zıp</sup> 02864	City Cumberland	State RI	Z <sub>1p</sub> 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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative Date							
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Signature of Officer/Authorized Representative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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