RI SOS Filing Number: 202447929270 Date: 3/1/2024 4:00:00 PM

State of Rhode Island and Providence Plantations
**Department of State - Business Services Division**

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**Annual Report for the year:** 2024
**Non-Profit Corporation**
→ Filing period: June 1 - June 30
→ Filing Fee $20.00
→ Penalty Additional $25.00 fee if form is not filed by July 30.

| | |
|---|---|
| 1. Entity ID Number: 129212 | 2. Exact name of the Corporation: 2nd RHODE ISLAND REGIMENT OF THE CONTINENTAL LINE |
| 3. State of Incorporation: R.I. | 5. Brief description of the character of business conducted in Rhode Island: PROMOTING INTEREST IN THE AMERICAN REVOLUTION |
| 4. NAICS Code: 71110 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 467 RIVER ROAD | LINCOLN | R.I. | 02865 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: CARL BECKER | | | Vice-President Name | | |
| Street Address: 177 MARKET ST | | | Street Address | | |
| City: SWANSEA | State: MA | Zip: 02777 | City | State | Zip |
| Secretary Name: NORMAN DESMARAIS | | | Treasurer Name | | |
| Street Address: 467 RIVER RD | | | Street Address | | |
| City: LINCOLN | State: R.I. | Zip: 02865 | City | State | Zip |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: KIRK HINDMAN | | | Director Name: DAVID CUNNINGHAM JR. | | |
| Street Address: 19 MAYFAIR DR. | | | Street Address: 235 PAMELA DRIVE | | |
| City: EAST PROV. | State: R.I. | Zip: 02916 | City: SWANSEA | State: 02777 MASS. | Zip: 02777 |
| Director Name: KEITH KAUFMAN | | | Director Name | | |
| Street Address: 36 RIVERDALE AVE. | | | Street Address | | |
| City: WEST WARWICK | State: R.I. | Zip: 02893 | City | State | Zip |

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 |
|---|---|
| CARL D. BECKER | FEB 29 2024 |

Signature of Officer/Authorized Representative: Carl D. Becker

FILED
MAR 01 2024
BY AA

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

FORM 631 - Revised: 06/2017