



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001731742

2. Name of Corporation Friends of Troop 1 Coventry

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
624110

4. Principal Office Address

No. and Street: 10 COLVINTOWN ROAD

City or Town: COVENTRY

State: RI

Zip: 02816

Country: US

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO MANAGE THE FUNDRAISING ACTIVITIES AND TO SUPPORT TROOP 1
COVENTRY OF THE NARRAGANSETT COUNCIL OF THE BSA.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES DAVID PAIVA JR	10 COLVINTOWN ROAD COVENTRY, RI 02816 USA
DIRECTOR	JOSEPH D HART	6 CRABAPPLE CT COVENTRY, RI 02816 USA
DIRECTOR	MIRIAM DESJARLAIS	1097 MAIN ST COVENTRY, RI 02816 USA
DIRECTOR	AMANDA ALDANA	521 READ SCHOOL HOUSE RD COVENTRY, RI 02816 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JAMES PAIVA JR. 10 COLVINTOWN ROAD COVENTRY , RI 02816

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of June, 2024 at 11:47:27 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JAMES PAIVA JR
Signature of Authorized Person

Form No. 631
Revised 09/07

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