



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
25 JAN 22 PM 1:50:19
TAMP
FOR
CLERK OF STATE
USE ONLY

Annual Report for the year: 2025

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.

1. Entity ID Number 000129212		2. Exact name of the Corporation 2ND RHODE ISLAND REGIMENT OF THE CONTINENTAL LIN			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promoting interest in the American revolution			
4. NAICS Code 711110					
6. Principal Office Address 467 RIVER ROAD			City LINCOLN	State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARL BECKER			Vice-President Name ROBERT L. BROWN		
Street Address 177 MARKET ST			Street Address 22 WESCOTT WAY		
City SWANSEA	State MA	Zip 02777	City COVENTRY	State RI	Zip 02816
Secretary Name NORMAN DESMARAI			Treasurer Name		
Street Address 467 RIVER ROAD			Street Address		
City LINCOLN	State RI	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 <input type="checkbox"/>					
Director Name KIRK HINDMAN			Director Name DAVID CUNNINGHAM, JR.		
Street Address 19 MAYFAIR DR			Street Address 235 PAMELA DRIVE		
City EAST PROVIDENCE	State RI	Zip 02865	City SWANSEA	State MA	Zip 02777
Director Name KEITH KAUFMAN			Director Name		
Street Address 36 RIVERDALE AVE			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
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 CARL D. BECKER					Date JAN 22, 2025
Signature of Officer/Authorized Representative <i>Carl D. Becker</i>					

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

FILED 1:50

JAN 22 2025

(CB)

BY E5SAF