| | | State of Office of the | | | | | Fee: \$20.00 |
|--|---------------------------|--|----------------------------|------------------|------------------------------------|----------------------------------|--------------|
| | | Division Of | Business | s Serv | ices | | |
| | | 148 W | . River S | treet | | | |
| | ' | Providenc | | | 15 | | |
| 1636 | | (401 |) 222-304 | 40 | | | |
| Non-Profit Corpor Annual Report Filing Period: Februa | | 1 | | | | | |
| In accordance with R annual report within t penalty fee of \$25.00 | the time pr | | | | | | |
| ANNUAL REPORT Y | EAR - EN | ER THE CURRENT | YEAR 2 | 025 : | <u>2025</u> | | |
| 1. Corporate ID No | . <u>00006</u> | <u>3826</u> | | | | | |
| 2. Name of Corpora | ation <u>Rhod</u> | le Island Recreatio | n and Par | k Ass | ociation | | |
| 3. State of Incorpo | ration | | | | | | |
| State: <u>RI</u> | | | | | | | |
| | | NAIC | S CODE | | | | |
| Using the dropdown primary type of activ populate a NAICS C box on the right. For | vity in whic ode based | h your entity engag on the chosen sel | ges. The l ection. If t | box to the NA | the right of the AICS Code is k | e dropdown | will |
| NAICS Code | | | | | | | |
| 813319 | | | | | | | |
| 4. Principal Office | Address | | | | | | |
| No. and Street: | <u>41</u> CONA | ANICUS AVE | | | | | |
| City or Town: | JAMEST | | State: | <u>RI</u> | Zip: <u>02835</u> | Country: | <u>USA</u> |
| 5. Brief Description | of the Ch | aracter of the Affai | rs Condu | cted i | n Rhode Islan | d | |
| SUPPORT PARKS | AND RE | CREATION PRO | GRAMS/ | SER | VICES IN RH | ODE ISLA | ND |
| 6. Names and Addr | esses of t | he Officers and Di | rectors: | | | | |
| All Directors and C Island Corporation | | | lually. Th | e num | ber of DIREC | FORS of a R | hode |
| Title | | Individual Na First, Middle, Last, | | Ac | Adc Idress, City or Town, | Jress State, Zip Code. | Country |

| PRESIDENT | RAY DEFALCO | 561 POINT JUDITH ROAD NARRAGANSETT, RI 02882 USA | |
|----------------|---------------------|--|--|
| TREASURER | WARREN RENSEHAUSEN | 10 COURT STREET BRISTOL, RI 02809 USA | |
| SECRETARY | CHELSEY DUMAS-GIBBS | 80 BOSTON NECK RD NORTH KINGSTOWN, RI 02852 USA | |
| DIRECTOR | STEVE GRUENBERG | 30 ST DOMINIC RD. SOUTH KINGSTOWN, RI 02879 USA | |
| VICE PRESIDENT | RACHEL ARBIGE | 1127 FRENCHTOWN RD EAST GREENWICH, RI 02818 USA | |
| DIRECTOR | MEGHAN OBRIEN | 17 TROTTER DR MEDWAY , MA 02053 USA | |
| DIRECTOR | VICKY HILTON | 4540 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 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

RAY DEFALCO 561 POINT JUDITH ROAD NARRAGANSETT , RI 02882

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 January, 2025 at 8:18:35 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 RAYMOND J DEFALCO JR

Signature of Authorized Person

Form No. 631 Revised 09/07

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