



State of Rhode Island
Department of State - Business Services Division

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.

FILED

FEB 03 2025

BY

1. Entity ID Number 000026800		2. Exact name of the Corporation ELECTRIC BOAT QUONSET POINT FACILITY EMPLOYEES' COMMUNITY SERVICE ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island DISBURSE EMPLOYEE CONTRIBUTIONS TO NEEDY COMMUNITY ORGANIZATIONS AND TO CURRENT EMPLOYEES WHO HAVE EXPERIENCED A QUALIFYING CATASTROPHIC EVENT			
4. NAICS Code 813219					
6. Principal Office Address 165 DILLABUR AVENUE		City NORTH KINGSTOWN	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BLAKE LAVERDIERE		Vice-President Name CHRISTOPHER LEVENSELLER			
Street Address 13 MEDIEVAL WAY		Street Address 485 HOPPIN HILL AVENUE			
City WEST WARWICK	State RI	Zip 02893	City N. ATTLEBORO	State MA	Zip 02760
Secretary Name TERRIE STRAIGHT		Treasurer Name SCOTT FOLEY			
Street Address 2 FRANCES BARBER DRIVE		Street Address 14 4TH STREET			
City HOPE VALLEY	State RI	Zip 02832	City SMITHFIELD	State RI	Zip 02917
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 BLAKE LAVERDIERE		Director Name CHRISTOPHER LEVENSELLER			
Street Address 3 MEDEIVAL WAY		Street Address 485 HOPPIN HILL AVENUE			
City WEST WARWICK	State RI	Zip 02893	City N. ATTLEBORO	State MA	Zip 02760
Director Name TERRIE STRAIGHT		Director Name SCOTT FOLEY			
Street Address 2 FRANCES BARBER DRIVE		Street Address 14 4TH STREET			
City HOPE VALLEY	State RI	Zip 02832	City SMITHFIELD	State RI	Zip 02917
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 SCOTT FOLEY, TREASURER				Date 1/29/25	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov