



**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 2025: 2025**

**1. Corporate ID No.** 001705790

**2. Name of Corporation** Friends of Troop 3 Newport, Inc.

**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

813410

**4. Principal Office Address**

No. and Street: 66 GOSSETS TURN DR

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

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

TO RAISE, HOLD, AND DISBURSE FUNDS TO SUPPORT THE CHARITABLE AND EDUCATIONAL PURPOSES AND PROGRAMS OF TROOP 3 NEWPORT OF THE BOY SCOUTS OF AMERICA, AND OTHER ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM M SERTH	17 CURRY ST NEWPORT, RI 02840 USA
VICE PRESIDENT	MICHAEL WILLIAM FLYNN SR	34 WARREN AVE MIDDLETOWN, RI 02842 USA
SECRETARY/TREASURER	MICHAEL JOSEPH CULLEN	19 BAYSIDE AVE NEWPORT, RI 02840 USA
DIRECTOR/AUTHORIZED REPRESENTATIVE	VANESSA G ELLERMANN	66 GOSSET'S TURN DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	MICHAEL WILLIAM FLYNN JR	34 WARREN AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	ALEXANDER W ELLERMANN	66 GOSSET'S TURN DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	PAUL VINCENT DEL GUERCIO MD	3 KAY ST NEWPORT, RI 02840 USA
DIRECTOR	JULIA K MCGRATH	40 MORTON AVE NEWPORT, RI 02840 USA
DIRECTOR	GLENN R GARDINER	97 HARRISON AVE UNIT 4 NEWPORT, RI 02840 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

VANESSA G. ELLERMANN, ESQ 66 GOSSET'S TURN DRIVE MIDDLETOWN , RI 02842

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

**Signed this 17 Day of April, 2025 at 6:10:39 PM 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 MICHAEL J. CULLEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07