

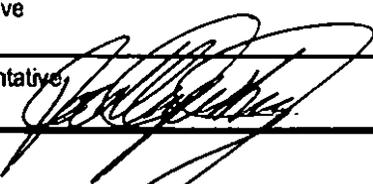


State of Rhode Island  
Department of State - Business Services Division

REC'D RIDGESS BSD  
 APR 16 AM 11:44:33  
 SECRETARY OF STATE

**Annual Report for the year: 2025  
Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001708953</b>		2. Exact name of the Corporation <b>Frontier Camper Park, Inc.</b>			
3. Principal Office Address <b>180A Maxson Hill Road</b>			City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>
4. NAICS Code <b>721211</b>		6. Brief description of the character of business conducted in Rhode Island <b>Campground.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Dorothy W. Ramsay</b>			Vice-President Name		
Street Address <b>180A Maxson Hill Road</b>			Street Address		
City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>	City	State	Zip
Secretary Name <b>Dorothy W. Ramsay</b>			Treasurer Name <b>Dorothy W. Ramsay</b>		
Street Address <b>180A Maxson Hill Road</b>			Street Address <b>180A Maxson Hill Road</b>		
City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>	City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common Shares</b>	PAR VALUE <b>0.01 par value</b>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<i>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.</i>					
Name of Authorized Representative <b>Dorothy W. Ramsay</b>					Date <b>4/16/25</b>
Signature of Authorized Representative 					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02804-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

APR 16 2025  
BY 8150  
ex