

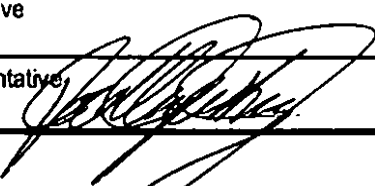


State of Rhode Island
Department of State - Business Services Division

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.

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SECRETARY OF STATE

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

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

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FORM 630 - Revised: 04/2023