



State of Rhode Island  
Department of State - Business Services Division

FILED

APR 24 2025

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.



BY 1119

1. Entity ID Number 001744080		2. Exact name of the Corporation Northeast Region Royal Rangers			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The purpose of the Northeast Region Royal Rangers is to serve the (8) Royal Ranger District Directors of the Northeast Region and their leadership teams as an extension of the National Director, his team and			
4. NAICS Code 613110					
6. Principal Office Address 53 Bishop Hill Road			City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name none			Vice-President Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name David Machado			Director Name Marcos Ramos		
Street Address 53 Bishop Hill Road			Street Address 210 Laurel Street		
City Johnston	State RI	Zip 02919	City Vineland	State NJ	Zip 08360
Director Name Christopher Vincent			Director Name		
Street Address 361 Byers Rd.			Street Address		
City Chester Springs	State PA	Zip 19425	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <b>David J Machado</b>				Date <b>4/16/2025</b>	
Signature of Officer/Authorized Representative					

## MAIL TO:

Division of Business Services

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