



State of Rhode Island
Department of State - Business Services Division

FILED 11:08A

Annual Report for the year
Non-Profit Corporation

2016

SEP 04 2025

BY 65A4N

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- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000027952		2. Exact name of the Corporation Little Compton Scout Association, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Support of scouting in Little Compton			
4. NAICS Code 611519					
6. Principal Office Address 21 Patchet Brook Road			City Little Compton	State RI	Zip 02837
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Harvey			Vice-President Name Mark Cady		
Street Address 21 Patchet Brook Road			Street Address 96A Long Highway		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Noah Rousseau			Treasurer Name Chris Curtis		
Street Address 19 Pleasant View Drive			Street Address 46 Alexander Circle		
City Little Compton	State RI	Zip 02837	City Tiverton	State RI	Zip 02878
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 Chris Curtis			Director Name Mark Nimiroski		
Street Address 46 Alexander Circle			Street Address 69 Rhododendron Drive		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Peter Wood			Director Name		
Street Address 80 Old Bulgarmarsh Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Mark Cady					Date 9/4/2025
Signature of Officer/Authorized Representative 					

MAIL TO:

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

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