



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year  
Non-Profit Corporation

2015

SEP 04 2025

(CB)

BY 55A4N

→ 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<br>000027952   |          | 2. Exact name of the Corporation<br>Little Compton Scout Association, Inc  |                                      |             |                  |
| 3. State of Incorporation<br>RI  |          | 5. Brief description of the character of business conducted in Rhode Island<br>Support of scouting in Little Compton |                                      |             |                  |
| 4. NAICS Code<br>611519  |          |  |                                      |             |                  |
| 6. Principal Office Address<br>21 Patchet Brook Road   |          |  | City<br>Little Compton               | State<br>RI | Zip<br>02837     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |          |  |                                      |             |                  |
| 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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |          |  |                                      |             |                  |
| 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.  |          |  |                                      |             |                  |
| <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>        |          |  |                                      |             |                  |
| <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<br>Mark Cady   |          |  |                                      |             | Date<br>9/4/2025 |
| Signature of Officer/Authorized Representative<br>   |          |  |                                      |             |                  |

MAIL TO:

Division of Business Services

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