



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year 2012
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.

FILED 11.04A

SEP 04 2025



BY 55A4N

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1. Entity ID Number <u>000027952</u>		2. Exact name of the Corporation <u>Little Compton Scout Association, Inc</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Support of scouting in Little Compton</u>			
4. NAICS Code <u>611519</u>					
6. Principal Office Address <u>21 Patchet Brook Road</u>		City <u>Little Compton</u>		State <u>RI</u>	Zip <u>02837</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Robert Harvey</u>			Vice-President Name <u>Mark Cady</u>		
Street Address <u>21 Patchet Brook Road</u>			Street Address <u>96A Long Highway</u>		
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>
Secretary Name <u>Noah Rousseau</u>			Treasurer Name <u>Chris Curtis</u>		
Street Address <u>19 Pleasant View Drive</u>			Street Address <u>46 Alexander Circle</u>		
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>Chris Curtis</u>			Director Name <u>Mark Nimiroski</u>		
Street Address <u>46 Alexander Circle</u>			Street Address <u>69 Rhododendron Drive</u>		
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>
Director Name <u>Peter Wood</u>			Director Name		
Street Address <u>80 Old Bulgarmarsh Road</u>			Street Address		
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	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.					
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 <u>Mark Cady</u>					Date <u>9/4/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:
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