



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year  
Non-Profit Corporation

2001

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

FILED 10.53A

SEP 04 2025

CR BY 55A4N

REC'D RIDOS BSD  
25 SEP 4 AM 10:52:48

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) <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	City Little Compton	State RI
Zip 02837		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	City Tiverton	State RI
Zip 02837		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	City Tiverton	State RI
Zip 02878		Zip 02878	
Director Name Peter Wood		Director Name	
Street Address 80 Old Bulgarmarsh Road		Street Address	
City Tiverton	State RI	City	State
Zip 02878		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 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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