



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000030295

2. Name of Corporation The Portsmouth Camp Meeting Association

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

4. Principal Office Address

No. and Street: 7 MARIN ST

& MARIN ST NEWPORT

City or Town: NOT HISPANIC OR LATINO State: RI Zip: 02840 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

ENACTED BY THE GENERAL ASSEMBLY DURING THE JANUARY SESSION OF 1895
EFFECTIVE 03/01/1895. INTERDEMONINATIONAL CAMP EMPHASIZING SPIRITUAL
HOLINESS IN CHRISTIAN LIVING

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT E JOHNSON	47 SOUTH MAIN ST UXBRIDGE , MA 01569 USA
TREASURER	BRIAN - MAHER	7 MARIN STREET NEWPORT, RI 02840 USA
TREASURER	BRIAN MAHER	7 MARIN ST NEWPORT, RI 02840 USA
TREASURER	BRIAN MAHER	7 MARIN STREET NEWPORT, RI 02840-2710 UNI
SECRETARY	DARLENE DECASTRO	19 OAK ST WARREN , RI 02885 USA
VICE PRESIDENT	TIMOTHY R JOHNSON	36 JOHNSTON AVE WHITINSVILLE, MA 01588 USA
DIRECTOR	ROBERT E JOHNSON	47 S. MAIN ST UXBRIDGE, MA 01569 USA
DIRECTOR	LAURA HAMBURG	130 OAK STREET UXBRIDGE, MA 01569 USA
DIRECTOR	BRUCE STANFORD	42 SLEEPY HOLLOW DR CUMBERLAND , RI 02864 US

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BRIAN MAHER 7 MARIN STREET NEWPORT , RI 02840

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 25 Day of January, 2024 at 9:47:51 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BRIAN MAHER
Signature of Authorized Person

Form No. 631
Revised 09/07