RI SOS Filing Number: 200811501950 Date: 06/03/2008 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** 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.***

1. Corporate ID No.	2. Name of Corporation		
28881	SILVER LAKE LIONS CLUB, INC.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	234 POCASSET AVENUE	PROVIDENCE	02909
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

HELPHS INDIVIDUALS THAT IN NEED, SUCH AS FOOD, EYE GLASSES, ECT.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
ROBERT J. BEVILACQUA	234 POCASSET AVENUE	PROVIDENCE	R.I.	02909

Vice President Name	Street Address	City	State	Zip
ANGELO MILANO	18 BEL AIRE DRIVE	JOHNSTON	R.I.	02919

Secretary Name	Street Address	City	State	Zip
PETER L. CERBO	30 TRUMAN STREET	JOHNSTON	R.I.	02919

Treasurer Name	Street Address	City	State	Zip
ROBERT J. BEVILACQUA	234 POCASSET AVENUE	PROVIDENCE	R.I.	02909

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Street Address	City	State	Zip
ROBERT J. BEVILACQUA	234 POCASSET AVENUE	PROVIDENCE	R.I.	02909

Director Name	Street Address	City	State	Zip
ANGELO MILANO	18 BEL AIRE DRIVE	JOHNSTON	R.I.	02919

Director Name	Street Address	City	State	Zip
PETER L. CERBO	30 TRUMAN STREET	JOHNSTON	R.I.	02919

Director Name	Street Address	City	State	Zip
CORADO DOTTOR	19 GREEN VALLEY DRIVE	JOHNSTON	R.I.	02919

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

Agent Name	Address	City	Zip
ROBERT J. BEVILACQUA	234 POCASSET AVENUE	PROVIDENCE	02909

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Robert J Bevilacqua 6/2/08
Signature of Officer *Date*

ROBERT J. BEVILACQUA
Print or Type Name of Officer

PRES/TREA
Title of Officer

File Date FILED
Check No. JUN 03 2008
By: By 2729
23034-48-260857
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 631 Rev. 03/07