



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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. 000061323		2. Name of Corporation SOCIETY OF THE FRIENDLY SONS OF ST. PATRICK, PROVIDENCE, RHODE ISLAND			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address PO Box 512		City Providence	Zip 02901
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 Charitable, religious, educational and scientific purposes.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. Paul McKenney			Vice President Name		
Street Address PO Box 512			Street Address		
City Providence	State RI	Zip 02901	City	State	Zip
Secretary Name Ron Mello, Jr.			Treasurer Name Ned McCrory		
Street Address PO Box 512			Street Address PO Box 512		
City Providence, RI	State RI	Zip 02901	City Providence	State RI	Zip 02901
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 Ned McCrory			Director Name James R. Simmons		
Street Address PO Box 512			Street Address PO Box 512		
City Providence	State RI	Zip 02901	City Providence	State RI	Zip 02901
Director Name James J. Cooney, Jr.			Director Name		
Street Address PO Box 512			Street Address		
City Providence	State RI	Zip 02901	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-18					

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

FILED

JUN 04 2009

000061323

By [Signature]

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.

[Signature] 6/3/09
Signature of Officer Date

Ned McCrory

Print or Type Name of Officer

Treasurer

Title of Officer

File Date _____

Check No. _____

By: _____

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