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.	2. Name of Corporation		
000061323	SOCIETY OF THE FRIENDLY SONS OF ST. PATRICK, PROVIDENCE, RHODE ISLAND		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	PO Box 512	Providence	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, religioius, educational and scientific purposes.

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

President Name	Street Address	City	State	Zip
Dr. Paul McKenney	PO Box 512	Providence	RI	02901
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Ron Mello, Jr.	PO Box 512	Providence, RI 02901	RI	02901
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Ned McCrory	PO Box 512	Providence	RI	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	Street Address	City	State	Zip
Ned McCrory	PO Box 512	Providence	RI	02901
Director Name	**Street Address**	**City**	**State**	**Zip**
James R. Simmons	PO Box 512	Providence	RI	02901
Director Name	**Street Address**	**City**	**State**	**Zip**
James J. Cooney, Jr.	PO Box 512	Providence	RI	02901
Director Name	**Street Address**	**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. 7-6-13/7-6-28

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

FILED

JUN 04 2009

[redacted] 000061323 By [signature]

29-91253

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

[redacted] Treasurer
Title of Officer

File Date	
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 09/17