STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
103620	LIONS CLUB OF SCITUATE, RHODE ISLAND		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	25 Danielson Pike, P.O. Box 46	N. Scituate	02857
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*

TO CREATE AND FOSTER A SPIRIT OF UNDERSTANDING AMONG THEPEOPLE OF THE WORLD.

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

President Name			Vice President Name		
Constance E. Paquin			Robert Watson		
Street Address			Street Address		
7A Mill Road			28 Highland Terrace		
City	State	Zip	City	State	Zip
Foster	RI	02825	North Scituate	RI	02857
Secretary Name			Treasurer Name		
Candice Pattenaude			Judith W. Loven		
Street Address			Street Address		
11 West Lake Drive			297 Hope Furnace Road		
City	State	Zip	City	State	Zip
Coventry	RI	02816	HOpe	RI	02831

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			Director Name		
Leslie Olney			Donald Hayden		
Street Address			Street Address		
31 Central Pike			906 Tourtelot Hill Road		
City	State	Zip	City	State	Zip
North Scituate	RI	02857	Scituate	RI	02857
Director Name			Director Name		
Richard Smith					
Street Address			Street Address		
382 Tunk Hill Road					
City	State	Zip	City	State	Zip
Scituate	RI	02857			

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	
JANE G. GURZENDA		25 DANIELSON PIKE	
Address		City	Zip
P.O. BOX 46		NORTH SCITUATE	02857

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

[redacted] [barcode] [redacted]

* 1 0 3 6 2 0 *

File Date 6/21/04

Check No. 4005

By: W.

FOR SECRETARY OF STATE USE ONLY

[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.

Constance E Paquin 6/16/04

Signature of Officer *Date*

Constance E. Paquin

Print or Type Name of Officer

President

Title of Officer

Form 631 Rev. 04/04