



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

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

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

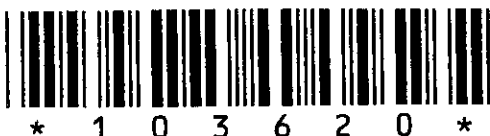
8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) ☐ FILL IN THE SPACES BEFORE USING ATTACHMENTS  
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name Leslie Olney  
Street Address 31 Central Pike  
City North Scituate State RI Zip 02857  
Director Name Richard Smith  
Street Address 382 Tunk Hill Road  
City Scituate State RI Zip 02857  
Director Name Donald Hayden  
Street Address 906 Tourtelot Hill Road  
City Scituate State RI Zip 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 JANE G. GURZENDA  
Address P.O. BOX 46  
Address 25 DANIELSON PIKE  
City NORTH SCITUATE Zip 02857

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



\* 1 0 3 6 2 0 \*

File Date 6-24-03

Check No. 3163

By [Signature]

FOR SECRETARY OF STATE USE ONLY

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 6/19/03  
Signature of Officer Date

CONSTANCE E. PAQUIN  
Print or Type Name of Officer

President

Title of Officer

Form 631 Rev. 6/02