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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 2010

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		
28796	OUR LADY OF FATIMA COLUMBUS CLUB		
3. State of Incorporation: RI	4. Corporate address in Rhode Island - Street Address: 157 GANO ST.	City: PROVIDENCE	Zip: 02906
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
NON-PROFIT FRATERNAL ORGANIZATION

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

	President Name	Vice President Name
	DANIEL S. HARROP, MD	GILBERT PAIVA
Street Address	204 TABER AVE	184 LYON AVE
City / State / Zip	PROVIDENCE / RI / 02906	EAST PROVIDENCE / RI / 02914
	Secretary Name	Treasurer Name
	ROBERT DEMELLO	RICHARD G. RENIERE
Street Address	71 HOMES AVE	50 ROSE HILL DR
City / State / Zip	PAWTUCKET / RI / 02861	CRANSTON / RI / 02920

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
	TERRANCE PRICE	ERNEST PERNIERE
Street Address	24R BAKER ST	57 VICTORY ST.
City / State / Zip	SLEEKONK / MA / 02771	CRANSTON / RI / 02910
	Director Name	Director Name
	JOHN BONDE	
Street Address	162 SALEM AVE	
City / State / Zip	CRANSTON / RI / 02920	

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. 7-6-13/7-6-78

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

[redacted] [redacted]

FILED
File Date: JUN 17 2010
Check No.
By: BY 1014
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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.

Richard G. Reniere 6/16/10
Signature of Officer *Date*

RICHARD G. RENIERE
Print or Type Name of Officer

TREASURER
Title of Officer

[redacted]

Form 631 Rev. 09/17