

5. Foreign corporation. Enter principal office address

Patrick T. Griffin

32 LaSalle Drive

2. Name of Corporation

PO Box 28100

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island NOM ADL COMMITTEL TO OF GONTE

State

1. Corporate ID No.

3. State of Incorporation

74784

President Name

Street Address

City

A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
7 \$\( \) 401.222.3040

Zip

Zip

Form 631 Rev. 09/17

02908

City

State

State

Providence

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

4. Corporate address in Rhode Island - Street Address

Zip

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.

Providence St. Patrick's Day Parade Committee, Inc.

City

Vice President Name

Street Address

City

James Connors

7 Setian Circle

Providence	RI	02908	Johnston	RI	02919
Secretary Name			Treasurer Name		
Mary F. Smith			David G. Dillon		
Street Address			Street Address		
15 Layton Street			43 Elmcroft Avenue		
City	State	Zip	City	State	Zip
North Providence	RI	02911	Providence	RI	02908
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		
Patrick T. Griffin			James Connors		
Street Address			Street Address		
32 LaSalle Drive			7 Setian Circle		
City	State	Ζip	City -	State	<b>184</b>
Providence	RI	02908	Johnston	RI	<b>2</b> 919
May F Smith			Director Name		
Street Address					ů ·
is Lawon St			<b>O</b>		
Cuy	State	Zip	City	State	Zīp ·
N HOU.		02911			
9. REGISTERED AGENT IN F	RHODE ISLAND			,	<b></b>
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					
FILED					
JUN <b>3 0</b> 2011					
By 140044					
Linder penalty of perjury, I declare and affirm that I have examined this report, including any accommonlying schedules and statements, and that all					
		Cm.C.		, I declare and affirm that	
		1	report, including any acco	propagying schedules and s	tatements, and that all
t			statements contained her	are true and correct	
File Date					
Chack No.			Signature of Officer		Date
Check No.			*		
By:			Print or Type Name of Officer		
FOR SECRETARY OF STATE USE ONLY					
FOR SECRETARY OF STATE USE UNLY			Title of Officer		