



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

SECRETARY OF STATE
 CORPORATIONS DIV
 2012 JUN 5 AM 9:38

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 81932		2. Exact name of the Corporation R.I. State ELKs Association Charithis, Inc			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 211 Aldrich Ave.		City WARWICK	Zip 02889
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island NON-PROFIT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jeanne Clancy			Vice-President Name Barry Cole		
Street Address 188 RAILROAD ST.			Street Address 17 ROCKET ST.		
City MANVILLE	State RI	Zip 02838	City WESTERLY	State RI	Zip 02891
Secretary Name Lesley Grimes			Treasurer Name Frederick Stone		
Street Address 43 Johnson Place			Street Address 107 Summer St.		
City WAKEFIELD	State RI	Zip 02879	City BLACKSTONE	State MA	Zip 01504
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Leo Blanchette			Director Name RAYMOND BRUSCATO		
Street Address 211 Aldrich Ave			Street Address P.O. Box 954		
City WARWICK	State RI	Zip 02889	City PORTSMOUTH	State RI	Zip 02871
Director Name LEONARD BUCCI			Director Name WALTER KETTELLE		
Street Address 116 PROSPECT AVE # 27			Street Address 594 LA PAYETTE RD.		
City MIDDLETOWN	State RI	Zip 02842	City NORTH KINGSTOWN	State RI	Zip 02852
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____

FILED 933

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 of Officer: Leo R. Blanchette Date: 6/5/12
 Print or Type Name of Officer: Leo R. Blanchette