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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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.	2. Exact name of the Corporation		
26373	Eagle Park Independent Club		
3. State of Incorporation	4. Corporate Address in RI - Street Address	City	Zip
RI	480 Douglas Avenue	Providence	02908
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief description of the character of business conducted in Rhode Island			
social club for members only			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Steve Gomes			Andrew Ferland		
Street Address			Street Address		
117 Finch Avenue			75 Forest Street		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Providence	RI	02906
Secretary Name			Treasurer Name		
Melissa DiVozzi			Steve Gomes		
Street Address			Street Address		
78 Smith Street			117 Finch Avenue		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Pawtucket	RI	02860

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Steve Gomes			Andrew Ferland		
Street Address			Street Address		
117 Finch Avenue			7 Forest Street		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Providence	RI	02906
Director Name			Director Name		
Melissa DiVozzi					
Street Address			Street Address		
78 Smith Street					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			

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

FILED
JUN 21 2012
By MNC
CL # 139

File Date _____

Check No _____

By: _____

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.

Steve Gomes — 6/20/12
Signature of Officer — Date

Steve Gomes
Print or Type Name of Officer

President
Title of Officer