



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/business

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. 28260		2. Exact name of the Corporation CASEY CLUB	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROVIDE HOME FOR KNIGHTS OF COLUMBUS SULLIVAN COUNCIL 2700	
5. Principal office address 20 CLAREMONT ST		City CENTRAL FALLS	State RI
		Zip 02863	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name LEO O LARIVEE		Vice-President Name JOSEPH P CROWE	
Street Address 2 CAROL DR		Street Address 24 CUMBERLAND ST	
City CUMB	State RI	City CUMB	State RI
Zip 02864		Zip 02864	
Secretary Name CHARLES F FLEURANT		Treasurer Name REAL PARR	
Street Address 29 CHERRY ST		Street Address 5 FARRELL ST	
City PANTUCKET	State RI	City CUMB	State RI
Zip 02860		Zip 02864	
7. 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 JOHN CROWLEY		Director Name THOMAS CROWLEY	
Street Address 23 DAVIS ST		Street Address 126 CONANT ST	
City PANT	State RI	City PANT	State RI
Zip 02860		Zip 02860	
Director Name DON GODIN		Director Name RAY DUCHARME	
Street Address 14 ILLINOIS ST		Street Address 17 RAND ST	
City CF	State RI	City CF	State RI
Zip 02863		Zip 02863	
8. 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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Leo O Larivee
Signature of Officer

11/01/12
Date

LEO O LARIVEE
Print or Type Name of Officer

PRESIDENT
Title of Officer