



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 2013

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. 485286		2. Exact name of the Corporation BCLIR			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Lifelong learning opportunities for mature adults by means of seminars, lectures and cultural events.			
5. Principal office address 305 Terrace Ave.			City Riverside	State RI	Zip 02915
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edwin Melhman			Vice-President Name Sam Shamoon		
Street Address 3 Hanley Farm Rd.			Street Address 309 Doyle Ave.		
City Warren	State RI	Zip 02885	City Providence	State RI	Zip 02906
Secretary Name Marilyn Kaplan			Treasurer Name Frederick H. MacDonald		
Street Address 24 Oyster Point			Street Address 305 Terrace Ave.		
City Warren	State RI	Zip 02885	City Riverside	State RI	Zip 02915
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 Hamilton Allen			Director Name Sam Ventres		
Street Address 112 Everett Ave.			Street Address 5 Echo Drive		
City Providence	State RI	Zip 02906	City Barrington	State RI	Zip 02806
Director Name Kathy Webster			Director Name		
Street Address 1 Cedar Meadows Dr.			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
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

JUN 10 2013

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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.

Frederick H. MacDonald / 04 June 2013
 Signature of Officer Date

Frederick H. MacDonald

Print or Type Name of Officer

Treasurer

Title of Officer