



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. 31125		2. Exact name of the Corporation Rhode Island State Elks Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable and Fraternal			
5. Principal office address PO Box 954 (15 Mason Avenue)		City Portsmouth	State RI	Zip 02871-0919	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Barry F. Cole		Vice-President Name Eugene Rayno			
Street Address 17 Rocket Street		Street Address 5 Scotty Drive			
City Westerly	State RI	Zip 02891	City Portsmouth	State RI	Zip 02871
Secretary Name Lesley Grimes		Treasurer Name Frederick J. Stone			
Street Address 43 Johnson Place		Street Address 107 Summer Street			
City Wakefield	State RI	Zip 02879	City Blackstone	State MA	Zip 01504
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 Raymond C. Bruscato		Director Name Leonard Bucci			
Street Address 15 Mason Avenue		Street Address 116 Prospect Street			
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02879
Director Name Timothy Chilinski		Director Name Walter Kettelle			
Street Address 33 Cedard Swamp Road		Street Address 594 Lafayette Road			
City Smithfield	State RI	Zip 02917	City North Kingston	State RI	Zip 02852
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 _____

FILED

Check No _____

JUN 14 2013

By: _____

FOR SECRETARY OF STATE USE ONLY

BY [Signature]
 29-199362

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.

Eugene Rayno 06/13/2013
 Signature of Officer Date

Eugene Rayno
 Print or Type Name of Officer

Vice President East
 Title of Officer

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
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