



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. <b>45000</b>		2. Exact name of the Corporation <b>CAPTAIN KEYO SAFETY CLUB INC.</b>	
3. State of Incorporator <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>17 MIDDLETON STREET (CHILDREN SAFETY)</b>	
5. Principal office address <b>17 MIDDLETON STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02909</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>DONALD C Ricci</b>		Vice-President Name <b>PATRICIA A TREMAINS</b>	
Street Address <b>17 MIDDLETON STREET</b>		Street Address <b>40 MEADOW BROOK ROAD</b>	
City <b>PROV</b>	State <b>RI</b>	City <b>NORTH KINGSTON</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02818</b>	
Secretary Name <b>GENE CALABRO</b>		Treasurer Name <b>PATRICIA A TREMAINS</b>	
Street Address <b>37 ADA AVE</b>		Street Address <b>40 MEADOW BROOK ROAD</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>NORTH KINGSTON</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02818</b>	
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 <b>THOMAS Ricci</b>		Director Name <b>WILLIAM BUTI</b>	
Street Address <b>17 MIDDLETON STREET</b>		Street Address <b>17 MIDDLETON STREET</b>	
City <b>PROV</b>	State <b>RI</b>	City <b>PROV</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02909</b>	
Director Name <b>GENE CALABRO</b>		Director Name	
Street Address <b>37 ADA STREET</b>		Street Address	
City <b>PROV</b>	State <b>RI</b>	City	State
Zip <b>02909</b>		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 27 2013**  
**910**

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.

*Donald C Ricci* 6/20/2013  
 Signature of Officer: \_\_\_\_\_ Date

**DONALD C Ricci**  
 Print or Type Name of Officer

**PRESIDENT**  
 Title of Officer