



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

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FILED
JUN 27 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.

Donald C Ricci 6/20/2013
 Signature of Officer: _____ Date

DONALD C Ricci
 Print or Type Name of Officer

PRESIDENT
 Title of Officer