



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. <u>28260</u>		2. Exact name of the Corporation <u>CASEY CLUB</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>PROVIDE HOME FOR KBOC SULLIVAN 2700</u>	
5. Principal office address <u>20 CLAREMONT ST</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>
		Zip <u>02862</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>LEO O LARIVEE</u>		Vice-President Name <u>JOHN CROWLEY</u>	
Street Address <u>2 CAROL DRIVE</u>		Street Address <u>23 DAVIS ST</u>	
City <u>COMB</u>	State <u>RI</u>	City <u>PAWT</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02860</u>	
Secretary Name <u>CHARLES FLEURANT</u>		Treasurer Name <u>JOSEPH P CROWE</u>	
Street Address <u>29 CHERRY ST</u>		Street Address <u>24 CUMBERLAND ST</u>	
City <u>PAWT</u>	State <u>RI</u>	City <u>COMB</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02864</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>DONALD T GODIN</u>		Director Name <u>REALLY PARE</u>	
Street Address <u>14 ILLINOIS ST</u>		Street Address <u>5 FARRELL ST</u>	
City <u>CF</u>	State <u>RI</u>	City <u>COMB</u>	State <u>RI</u>
Zip <u>02863</u>		Zip <u>02864</u>	
Director Name <u>THOMAS M CROWLEY</u>		Director Name <u>NEAL THERREAULT</u>	
Street Address <u>126 CONANT ST</u>		Street Address <u>23 CLAREMONT ST</u>	
City <u>PAWT</u>	State <u>RI</u>	City <u>CF</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02863</u>	
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

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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 6-24-13
 Signature of Officer Date

LEO O LARIVEE
 Print or Type Name of Officer

PRESIDENT
 Title of Officer