



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. 28260		2. Exact name of the Corporation CASEY CLUB	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROVIDE HOME FOR KBOC SULLIVAN 2700	
5. Principal office address 20 CLAREMONT ST		City CENTRAL FALLS	State RI
		Zip 02862	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name LEO O LARIVEE		Vice-President Name JOHN CROWLEY	
Street Address 2 CAROL DRIVE		Street Address 23 DAVIS ST	
City COMB	State RI	City PAWT	State RI
Zip 02864		Zip 02860	
Secretary Name CHARLES FLEURANT		Treasurer Name JOSEPH P CROWE	
Street Address 29 CHERRY ST		Street Address 24 CUMBERLAND ST	
City PAWT	State RI	City COMB	State RI
Zip 02860		Zip 02864	
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 DONALD T GODIN		Director Name REALY PARE	
Street Address 14 ILLINOIS ST		Street Address 5 FARRELL ST	
City CF	State RI	City COMB	State RI
Zip 02863		Zip 02864	
Director Name THOMAS M CROWLEY		Director Name NEAL THERREAU	
Street Address 126 CONANT ST		Street Address 23 CLAREMONT ST	
City PAWT	State RI	City CF	State RI
Zip 02860		Zip 02863	
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