



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. 74784		2. Exact name of the Corporation Providence St. Patrick's Day Parade Committee, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Operate St. Patrick's Day Parade in Providence and other charitable endeavors			
5. Principal office address P.O. Box 28100		City Providence	State RI	Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Patrick T. Griffin		Vice-President Name James T. Connors			
Street Address 32 LaSalle Drive		Street Address 7 Setian Circle			
City Providence	State RI	Zip 02908	City Johnston	State RI	Zip 02919
Secretary Name Mary F. Smith		Treasurer Name David G. Dillon			
Street Address 15 Layton Street		Street Address 43 Elmcroft Avenue			
City North Providence	State RI	Zip 02911	City Providence	State RI	Zip 02908
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 Patrick T. Griffin		Director Name James T. Connors			
Street Address 32 LaSalle Drive		Street Address 7 Setian Circle			
City Providence	State RI	Zip 02908	City Johnston	State RI	Zip 02919
Director Name Mary F. Smith		Director Name			
Street Address 15 Layton Street		Street Address			
City Providence	State RI	Zip 02911	City	State	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

BY

FILED

JUL 29 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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Patrick T. Griffin 7/27/13
PATRICK T. GRIFFIN
PRESIDENT