



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 103620		2. Exact name of the Corporation Lions Club of Scituate, Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To create and foster a spirit of understanding among the people of the world			
5. Principal office address 25 Danielson Pike		City North Scituate		State RI	Zip 02857
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christopher Caluori		Vice-President Name Abby Groves			
Street Address 629 West Greenville Road		Street Address 7 Howard Avenue			
City North Scituate	State RI	Zip 02857	City Hope	State RI	Zip 02831
Secretary Name Mark Centracchio		Treasurer Name Brian Carpenter			
Street Address 25 Lake Shore Drive		Street Address 190 Harmony Road			
City Johnston	State RI	Zip 02919	City North Scituate	State RI	Zip 02857
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 Abby Groves		Director Name William Hurry			
Street Address 7 Howard Avenue		Street Address 4 Wilkinson Road			
City Hope	State RI	Zip 02831	City North Scituate	State RI	Zip 02857
Director Name Richard Mumford		Director Name			
Street Address 141 Betty Pond Road		Street Address			
City North Scituate	State RI	Zip 02857	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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Christopher Caluori **5-12-14**
Signature of Officer or Authorized Representative Date

Christopher S Caluori
Print or Type Name of Officer or Authorized Representative