



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. 27090		2. Exact name of the Corporation FATHER JOSEPH BOEHR COLUMBIAN CLUB			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island FRATERNAL NON PROFIT CHARITABLE ORGANIZATION			
5. Principal office address 28 Fish Road			City Tiverton	State	Zip 02878
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ernest Benoit			Vice-President Name Noel Cabral		
Street Address P.O. Box 9488			Street Address 81 Keene St.		
City Fall River	State MASS	Zip 02720	City Somerset	State MASS	Zip 02725
Secretary Name Stephen F. Mello			Treasurer Name Felix A. Lafond		
Street Address 146 Shore St.			Street Address 99 Hancock St		
City Tiverton	State R.I.	Zip 02878	City Tiverton	State R.I.	Zip 02878
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 Manuel Diobenes			Director Name EDMUND MOREAU		
Street Address 69 Ash Avenue			Street Address 59 Robert St.		
City Tiverton	State R.I.	Zip 02878	City Wesport	State MA	Zip 02790
Director Name RAYMOND BRUDER			Director Name NORMAN BRUDER		
Street Address 79 Woodland Circle			Street Address 750 JAVO 1 St. Apt 405		
City Tiverton	State R.I.	Zip 02878	City Fall River	State MASS	Zip 02878
8. REGISTERED AGENT IN RHODE ISLAND Felix A. Lafond <u>Tiverton, R.I. 02878</u>					
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

MAY 19 2014

BY

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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.

Stephen Mello
 Signature / Officer or Authorized Representative

5/19/14
 Date

Stephen F. Mello
 Print or Type Name of Officer or Authorized Representative

Secretary

ADDITIONAL BOARD OF DIRECTORS

NORMAN MORRIS

122 Russel Drive
Tiverton RI 02878

RAYMOND BABINE

75 Conserve Ave
West Port MA 02792

Steven Clatten

79 North MARION
Fall River MA 02723

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BY ED 27090