



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 RI
		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	City Somerset	State MASS
Zip 02720		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.	City Tiverton	State R.I.
Zip 02878		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 Diogenes		Director Name EDMUND MOREAU	
Street Address 69 Ash Avenue		Street Address 59 Robert St.	
City Tiverton	State R.I.	City Wesport	State MA
Zip 02878		Zip 02790	
Director Name RAYMOND BRODEUR		Director Name NORMAN BRODEUR	
Street Address 79 Woodward Circle		Street Address 750 David St. Apt 405	
City Tiverton	State R.I.	City Fall River	State MASS
Zip 02878		Zip 02878	
8. REGISTERED AGENT IN RHODE ISLAND Felix A. Lafond			
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	

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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.

Signature of Officer or Authorized Representative

Date

Stephen F. Mello

5/19/14

Print or Type Name of Officer or Authorized Representative

Secretary

ADDITIONAL BOARD OF DIRECTORS

NORMAN MORRIS

122 Russel Drive
Tiverton RI 02878

RAYMOND BABALE

75 Conserve Ave
West Port MA 02792

Steven Clatten

79 North MARION
Fall River MA 02723

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BY ED 27090