



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. 61344		2. Exact name of the Corporation Narragansett Lions Club			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote the goals of lionism and to conduct various charitable events			
5. Principal office address 146 Westminster Street		City Providence	State RI	Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven Fabrizio		Vice-President Name David Quinn			
Street Address 1 Longview Drive		Street Address 53 Tupelo Trail			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Nicole Tretheway		Treasurer Name David Phillips			
Street Address 70 Kenyon Avenue		Street Address 1016 Old Baptist Road			
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
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 Steven Fabrizio		Director Name David Quinn			
Street Address 1 Longview Drive		Street Address 53 Tupelo Trail			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Nicole Tretheway		Director Name David Phillips			
Street Address 70 Kenyon Avenue		Street Address 1016 Old Baptist Road			
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
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

FILED

JUN 12 2014

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File Date _____

Check No _____

By: _____ BY _____

FOR SECRETARY OF STATE USE ONLY

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 *David Quinn* Date *June 6, 2014*

Print or Type Name of Officer or Authorized Representative
David Quinn V.P.