



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 **2003**

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. 61616		2. Exact name of the Corporation Pawtucket Lions Memorial Foundation, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provide grants and funding for those who care for visually and otherwise handicapped persons			
5. Principal office address 44 Arland Drive		City Pawtucket		State RI	Zip 02861
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Randall Sacilotto		Vice-President Name Leo Fugere			
Street Address 693 Broad Street		Street Address 19 Poirier Street			
City Central Falls	State RI	Zip 02863	City Pawtucket	State RI	Zip 02861
Secretary Name Katherine Powell		Treasurer Name Daniel Andrews			
Street Address 160 Beechwood Avenue		Street Address 450 Armistice Blvd.			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Brian Rawnsley		Director Name Robert Andrade			
Street Address 109 Gregory Drive		Street Address 727 Central Avenue			
City Seekonk	State MA	Zip 02771	City Pawtucket	State RI	Zip 02861
Director Name Andrew Duehring		Director Name Robert McCorry			
Street Address 83 Scarborough Road		Street Address 574 Central Avenue			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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

File Date **DEC 22 2014**

Check No _____

By: **BY [Signature] 2:58**

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29-239079

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] 12/22/2014
Signature of Officer or Authorized Representative Date

Brian Rawnsley

Print or Type Name of Officer or Authorized Representative

Continued Directors List

Raymond Wynne, Jr.
139 Progress Street
Lincoln, RI 02865