



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 **2011**

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. 27878		2. Exact name of the Corporation Lions Club of Pawtucket, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Care of 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 Robert Andrade		Vice-President Name Jason Wells			
Street Address 1200 Central Avenue		Street Address 225 Newman Avenue, Suite 303			
City Pawtucket	State RI	Zip 02861	City East Providence	State RI	Zip 02916
Secretary Name Daniel Andrews		Treasurer Name Daniel Andrews			
Street Address 450 Armistice Blvd.		Street Address 450 Armistice Blvd.			
City Pawtucket	State RI	Zip 02861	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 Donald Barbeau		Director Name Francine Murphy-Brillon			
Street Address 67 Beverage Hill Avenue		Street Address 51 Cobble Hill Road			
City Pawtucket	State RI	Zip 02860	City Lincoln	State RI	Zip 02865
Director Name Randall Sacilotto		Director Name Raymond Ricard			
Street Address 693 Broad Street		Street Address 255 Williston Way			
City Central Falls	State RI	Zip 02863	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] 3:07
29-239086

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]

12/22/2014

Signature of Officer or Authorized Representative

Date

Jason Wells

Print or Type Name of Officer or Authorized Representative

Continued Directors List

Thomas Barber
7 Dunnell Lane, Unit 1
Pawtucket, RI 02860-4288