

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 3.015

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

2. Exact name of the Corporation

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE. 1. Entity ID No.

i	1007646	KNIGHT STREET SOCIAL CLUB			
	3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island			
ł	! !	Private Social CLUB TO promite welface of the			
	R. I.				
ŀ	5. Principal office address	Commonity of Knights wille And its Membership City West WARWICK BI 02893			
	12 TRipoli	STreeT	City	State Zip	
Í	6. LIST ALL OFFICERS (NAMES	AND ADDRESSES / WVIII DOWN	West WARWIN	B # 02893	
President Name					
Ĺ	William He	Bert JR		110=1//	
- [Street Address	-	Street Address	ARZILLI	
L	30 KNISHT	STREET	3 SAXONIA	ROAD	
1	City	State Zip	City	State Zin	
-	-RANSION	State Zip U2920	CITY	RI CAGAO	
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1	12 TRIPOLI	STreeT	Street Address	(+	
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1	West WARWILL	RT 07893	17 TRIPULI CHY WEST WARWICK	State Zip	
			WEST WARWING	KI 00893	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS					
_	Director Name		Director Name		
	GRLANDO MI	ARZILLI	John DEGEN	1004	
S	treet Address	0	Street Address		
	3 SAXONIA	BOAD	Street Address 558 Phenix City	Allenve	
٦	ity RANSTIN St	ate Zip	City	State Zin	
	irector Name	11 - 03910	CITY	RI [02921	
] [Director Name				
Street Address					
	30 KNIGHT	STreet	Street Address	1REFT	
9	Sta	ate Zip_	12 TRIPOLI S	1000	
<u>Ľ.</u>	-BANSTON	B # Zip 24,30	CRANITON	State Zip 2893	
8.	REGISTERED AGENT IN RHODE	ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filling 5					
Tni	is report must be signed by either th	ne President, Vice-President, Secretar	y, Assistant Secretary, Treasurer, duly	Authorized Representative Description	
	This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee				
			Under negative of perions I dealer		
F	File Date	FILED	una report, including any accomp	e and affirm that I have examined panying schedules and statements,	
	Check No	*	and that all statements contained	herein are true and correct.	
•		MAY 1 1 2015		<u> </u>	
E)y:	MAY 1 1 2015	Dulla		
F	OR SECRETARY OF STATE USE	my 1112	Signature of Officer or Authorized R	epresentative Date	
-	and an arrange of GIVIE 03E	BY	- 1 1 1 -	····	
or	m No. 631		Print or Type Name of Officer or Aut	TREASUREN	
	ised: 04/2014		Print or Type Name of Officer or Aut	norized Representative	