



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 **2015**

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. 26546		2. Exact name of the Corporation East Providence Council Knights of Columbus Past Grand Knights Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable Work, Scholarships			
5. Principal office address 3200 Pawtucket Avenue			City East Providence	State RI	Zip 02915
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Victor Silva			Vice-President Name James Hopkins, Jr.		
Street Address 90 Heath Street			Street Address 52 Clyde Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Secretary Name Ronald Andrade			Treasurer Name Robert Whitaker		
Street Address 51 Robin Hood Drive			Street Address 300 East Shore Circle Apt 206		
City Riverside	State RI	Zip 02915	City East Providence	State RI	Zip 02914
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 Robert Clark			Director Name Antonio Andrade		
Street Address 30 Kelley Avenue			Street Address 51 Robin Hood Drive		
City Rumford	State RI	Zip 02916	City Riverside	State RI	Zip 02915
Director Name Fred Anderson			Director Name		
Street Address 16 Victor Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 10 2015

BY 403

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.

Ronald Andrade 6/7/15
 Signature of Officer or Authorized Representative Date

Ronald Andrade
 Print or Type Name of Officer or Authorized Representative