



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. 311801		2. Exact name of the Corporation L'I Rhody Hillbilly Clan #66			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Rhode Island Shrine Parade Unit that performs fundraising for Shriner's Hospitals.			
5. Principal office address One Rhodes Place			City Cranston	State RI	Zip 02882
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stephen McGuire			Vice-President Name Gerald Plemmons		
Street Address 109 Timberline Rd.			Street Address 48 Breakwater Ln		
City Warwick	State RI	Zip 02886	City North Kingstown	State RI	Zip 02852
Secretary Name Clayton Roffey			Treasurer Name Robert Correia		
Street Address 175 Hoffman Ave. Unit 205			Street Address 3 Midway Dr.		
City Cranston	State RI	Zip 02820	City Warwick	State RI	Zip 02888
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 Andrew Hencler			Director Name Ernest E. Slocum		
Street Address 185 Harrington Ave.			Street Address 108 Sunnybrook Dr.		
City Warwick	State RI	Zip 02888	City North Kingstown	State RI	Zip 02852
Director Name Herbert H. McGuire			Director Name Robert O'Brien		
Street Address 19 Paulette Dr.			Street Address 86 Greenfield St.		
City Coventry	State RI	Zip 02816	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

File Date _____

Check No. 262 Hd 8-702 9102

By: AIG SNOIIVVO

FOR SECRETARY OF STATE USE ONLY

FILED

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By 252448

A.A.

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.

Stephen T. McGuire 2/8/15
 Signature of Officer or Authorized Representative Date

STEPHEN T. MCGUIRE
 Print or Type Name of Officer or Authorized Representative