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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.	2. Exact name of the Corporation
000026373	Eagle Park Independent Club.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	Social Club

5. Principal office address	City	State	Zip
480 Douglas ave	Providence	RI	02908

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Paul Pistaccio	
Street Address	Street Address
28 Campbell Ter	
City / State / Zip	City / State / Zip
Paw. / RI / 02860	
Secretary Name	Treasurer Name
~~Mario~~ Mario Marsone	Josiua Gocding
Street Address	Street Address
59 Mark dr	83 Homewood ave
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	N Prov / RI / 02904

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Paul Pistaccio	Josh Gading
Street Address	Street Address
S/a	S/A
City / State / Zip	City / State / Zip
Director Name	Director Name
Mario Marsone	
Street Address	Street Address
S/A	
City / State / Zip	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

RECEIVED
2015 NOV -9 AM 11:35
RI SECRETARY OF STATE
CORPORATIONS DIV.

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

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A.A. 11:37 A.M.

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 of Officer or Authorized Representative — Date: 11/7/15

President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
127565-2-1061390