

AMENDED



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. 00002673		2. Exact name of the Corporation Eagle Park Independent Club			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Social Club			
5. Principal office address 480 Douglas Avenue			City Providence	State RI	Zip 02908
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William O'Brien			Vice-President Name Justin Erickson		
Street Address 25 Oak Grove Boulevard			Street Address 20 Susan Circle		
City North Providence	State RI	Zip 02911	City Johnston	State RI	Zip 02919
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Josh Goding			Director Name Gina Erickson		
Street Address 8 Vernon Street			Street Address 20 Susan Circle		
City Greenville	State RI	Zip 02828	City Johnston	State RI	Zip 02919
Director Name Josh Erickson Justin Erickson			Director Name William O'Brien		
Street Address 20 Susan Circle			Street Address 25 Oak Grove Boulevard		
City Johnston	State RI	Zip 02919	City North Providence, m	State RI	Zip 02911
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
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JAN - 7 PM 1:38

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
 JAN 07 2016
 By A.A. 1:38 p.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.

William W. O'Brien 1/5/16
 Signature of Officer or Authorized Representative Date

William O'Brien
 Print or Type Name of Officer or Authorized Representative



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

