



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 2011

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. 27587		2. Exact name of the Corporation Kiwanis Club of Greater Providence, Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Community Service			
5. Principal office address 17 Russell Drive		City N. Kingstown		State RI	Zip 02852-6227
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Jim Roehm		Vice-President Name Sandra Levine			
Street Address 17 Russell Drive		Street Address 700 Shore Drive, #610			
City N. Kingstown	State RI	Zip 02852-6227	City Fall River	State MA	Zip 02721
Secretary Name John Pope		Treasurer Name John Pope			
Street Address 6 Canochet Drive		Street Address 6 Canochet Drive			
City Portsmouth	State RI	Zip 02878	City Portsmouth	State RI	Zip 02878
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Jim Roehm		Director Name Spencer Reid			
Street Address 17 Russell Drive		Street Address 48 Red Maple Terrace			
City N. Kingstown	State RI	Zip 02852-6227	City N. Kingstown	State RI	Zip 02852
Director Name John Pope		Director Name Trudy Jessel			
Street Address 6 Canochet Drive		Street Address 66 East Hill Road			
City Portsmouth	State RI	Zip 02878	City Cranston	State RI	Zip 02920
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 ONLY

Form No. 631
Revised: 04/2014

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.

FILED

MAR 02 2016

By 269157

A.A. 12:58 p.m.

James A. Roehm

Signature of Officer or Authorized Representative

3/2/2016

Date

Jim Roehm, President

Print or Type Name of Officer or Authorized Representative