Ctoto d	f Dhada Jaland and Dra	vidence Dientetiene	E #20.00
State	of Rhode Island and Pro Office of the Secreta		Fee: \$20.00
	Division Of Business	Services	
	148 W. River St Providence RI 0290		
HOPE	(401) 222-304		
Non Brofit Corporation			
Non-Profit Corporation Annual Report			
Filing Period: June 1 - June 30			
In accordance with R.I.G.L. 7-6-94 report within the time prescribed b \$25.00.			
ANNUAL REPORT YEAR: 2016	-		
1. Corporate ID No. 00002	6578		
2. Name of Corporation East 1 the United States of America	Providence Lodge No. 2337 I	Benevolent and Protective Order	of Elks of
3. State of Incorporation			
State: <u>RI</u>			
4. Corporate Address in Rhode	e Island		
No. and Street: <u>60 BERKI</u>	LEY STREET		
City or Town: <u>EAST PR</u>	OVIDENCE State:	RI Zip: <u>02914</u> Country:	USA
5. Foreign Corporation. Enter F	Principal Office Address		
No. and Street:			
City or Town: State: Zi	p: Country:		
6. Brief Description of the Cha	racter of the Affairs Which a	e Actually Conducted in Rhode	e Island
CHARITABLE ORGANIZAT	ION		
7. Names and Addresses of the	e Officers and Directors:		
All officers and directors mu Incorporator is no longer ap		directors have been elected, t	he title
THE NUMBER OF DIRECTORS OF A I	•	ATION SHALL NOT BE LESS THAN THRE	EE(3). R.I.G.L.
7-6-23			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Cod	e, Country
PRESIDENT	JOHN RODRIGUES	85 OLD PROVIDENCE R(SWANSEA, MA 02777 USA	DAD
TREASURER	JOSEPH SULLIVAN	700 VETERANS MEMORIAL P EAST PROVIDENCE, RI 02914	

SECRETARY	CHRISTINE FARRANDS	25 SHARON ST #3 CRANSTON, RI 02910 USA
VICE PRESIDENT	LYNETTE ARRUDA	124 MOUNT FAIR CIRCLE SWANSEA, MA 02777 USA
DIRECTOR	DAVID SEEL	106 GRASSY PLAIN ROAD RIVERSIDE, RI 02915 USA
DIRECTOR	LUCY FONTAINE	770 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02914 USA
DIRECTOR	CHRISTINE SANTOS	302 MARKET STREET SWANSEA, MA 02777 USA
DIRECTOR	RANDY ARRUDA	124 MOUNT FAIR CIRCLE SWANSEA, MA 02777 USA
9. This report must be signe Secretary, Treasurer, duly	v Authorized Representative, I	President, Secretary, Assistant Receiver, or Trustee.
9. This report must be signe Secretary, Treasurer, duly Signed this 19 Day of May signature of the individual of acknowledgement of the sig individual's act and deed of true, as of the date of the ele	d by either the President, Vice y Authorized Representative, I , 2016 at 4:46:32 PM by the or individuals signing this ins natory, under penalties of pe the act and deed of the comp ectronic filing, in compliance <u>DS</u>	e President, Secretary, Assistant Receiver, or Trustee. authorized person. This electronic trument constitutes the affirmation or rjury, that this instrument is that pany, and that the facts stated herein are
9. This report must be signe Secretary, Treasurer, duly Signed this 19 Day of May signature of the individual of acknowledgement of the sig individual's act and deed of true, as of the date of the ela By <u>CHRISTINE FARRAN</u>	d by either the President, Vice y Authorized Representative, I , 2016 at 4:46:32 PM by the or individuals signing this ins natory, under penalties of pe the act and deed of the comp ectronic filing, in compliance <u>DS</u>	e President, Secretary, Assistant Receiver, or Trustee. authorized person. This electronic trument constitutes the affirmation or rjury, that this instrument is that pany, and that the facts stated herein are