

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if for

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2016 JUL 16 ATTI	

1. Entity ID Number 104619		2. Exact name of the Corporation				
	East Providence Lions Charities, Inc.					
State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Raising &	disbursing fund	is for charitable purposes	in the communi	ty 🙃	
5. Principal Office Address			City	State	Zip	
PO Box 14431			East Providence	RI	02914	
6. List ALL officers (names ar	nd addresses)			Check the box to in	ndicate an attachment	
President Name Carol M. Wood			Vice-President Name Richard Primmer			
Street Address 44 Benedict Street			Street Address 140 Don Ave.			
City Riverside	State RI	^{Zip} 02915	City Rumford	State RI	^{Zip} 02916	
Secretary Name Richard J. Wood			Treasurer Name David Kent			
Street Address 44 Benedict Street		Street Address 8 McGraw Court				
^{City} Riverside	State RI	^{Zip} 02915	City East Greenwich	State RI	^{Zip} 02818	
7. List ALL directors (names a	and addresses). R	RI Corporations MI	JST list at least THREE directo		o indicate an attachment	
Director Name Deborah Nowosielski			Director Name Frederick Nowosielski			
Street Address 2447 Chestnut Street			Street Address 2447 Chestnut Street			
City North Dighton	State MA	^{Zip} 02764	City North Dighton	State MA	^{Zip} 02764	
Director Name Gordon R. Hubbard			Director Name Wendy L. Wood Hubbard			
Street Address 73 Marnoch Drive			Street Address 73 Marnoch Drive			
^{City} Seekonk	State MA	^{Zip} 02771	City Seekonk	State MA	^{Zip} 02771	
8. Registered Agent in Rhode	Island. This inform	nation is currently of	record in the Department of State.	Changes require filing	g Form 641.	
Under penalty of perjury, I o statements, and that all sta			mined this report, including a e and correct.	nny accompanying	schedules and	
This report must be signed by either to	he President, Vice-Pre	sident, Secretary, Assis	stant Secretary, Treasurer, duly Authorize	ed Representative, Rece	iver or Trustee.	
Name of Officer/Authorized Representative			Date			
Richard J. Wood				July 12, 2016		
Signature of Officer/Authorize	d Representative	- Secretar	y El Lions Club			
, see a see		7	11:03	AM	· · · · · · · · · · · · · · · · · · ·	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 14 2016

FILED

FORM 631 - Revised: 05/2016