



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 form is not filed by July 30.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 JAN 17 PM 2:18

1. Entity ID Number <u>000074559</u>		2. Exact name of the Corporation <u>BLUE KNIGHTS OF R.I. CHAPTER ONE</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>PROMOTE MOTORCYCLE SAFETY AND TO RAISE AND DONATE FUNDS TO DIFFERENT CHARITIES</u>	
5. Principal Office Address <u>P.O. Box 8296</u>		City <u>WARWICK</u>	State <u>RI</u>
		Zip <u>02888</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JOHN O'DONNELL</u>		Vice-President Name <u>PAUL CAIANIELLO</u>	
Street Address <u>3843 LACOSTE ST.</u>		Street Address <u>4 JASMINE COURT</u>	
City <u>ZEPHYRHILLS</u>	State <u>FL.</u>	City <u>COVENTRY</u>	State <u>RI</u>
Zip <u>33542</u>		Zip <u>02816</u>	
Secretary Name <u>RALPH REBECCHI</u>		Treasurer Name <u>GEORGE QUINLAN</u>	
Street Address <u>63 PLANTATION ST.</u>		Street Address <u>106 WHISPERING PINE WAY</u>	
City <u>WARWICK</u>	State <u>RI</u>	City <u>EXETER</u>	State <u>RI.</u>
Zip <u>02886</u>		Zip <u>02822</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>ALBERT TOMBS</u>		Director Name <u>ROBERT LOVELL</u>	
Street Address <u>105 OHIO AVE.</u>		Street Address <u>137 GLEN BRIDGE AVE.</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02909</u>	
Director Name <u>STEVEN WOODRUFF</u>		Director Name <u>DAVID CROGAN</u>	
Street Address <u>59 PLYMOUTH RD.</u>		Street Address <u>91 PUTNAM AVE.</u>	
City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	City <u>JOHNSTON</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02919</u>	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>JOHN O'DONNELL</u>			Date <u>1-17-17</u>
Signature of Officer/Authorized Representative <u>John O'Donnell</u> SIGN DOCUMENT HERE			

FILED

JAN 17 2017

BY an 2.18

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016

DIRECTOR NAME
(PAST PRESIDENT)

KENNETH PENZA
276 WOODWARD RD.

PROVIDENCE, RI 02904