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 MAR 21 AM 11:15

1. Entity ID Number	2. Exact name of the Corporation
000029773	Columbus Club of Barrington
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Provide a meeting place and function hall for Bishop Hickey Knights of Columbus

5. Principal Office Address	City	State	Zip
50 Crescent View Ave	Riverside	RI	02915

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name			Vice-President Name		
WM T TILLEY			GEORGE LARSSON		
Street Address 82 WOODBINE ST			Street Address 164 CRESENT VIEW AVE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name JOE SULLIVAN			Treasurer Name		
Street Address 27 CONNORS LN			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name			Director Name		
GUS MORRELLI (G/K)			DAVID QUINN (FS)		
Street Address 93 SOUTH ST			Street Address 1 WILLOW GLEN CIRCLE #106		
City BARR	State RI	Zip 02806	City WARWICK RI	State RI	Zip 02889
Director Name WM T TILLEY (SCRIBE)			Director Name		
Street Address 82 WOODBINE ST			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
WILLIAM T TILLEY	

Signature of Officer/Authorized Representative: William T Tilley

FILED 11:15 AM

MAR 21 2017

BY 298729 KM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov