



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

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.

1. Entity ID Number 104619		2. Exact name of the Corporation East Providence Lions Charities, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Raising & disbursing funds for charitable purposes in the community			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address Po Box 14431		City East Providence	State RI	Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carol M. Wood		Vice-President Name None			
Street Address 44 Benedict Street		Street Address			
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name Richard J. Wood		Treasurer Name David A. Kent			
Street Address 44 Benedict Street		Street Address 8 McGraw Court			
City Riverside	State RI	Zip 02915	City East Greenwich	State RI	Zip 02818
8. 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 Deborah Nowosielski		Director Name Fred 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 Richard Primmer			
Street Address 73 Marnoch Drive		Street Address 140 Don Ave.			
City Seekonk	State MA	Zip 02771	City Rumford	State RI	Zip 02916
9. 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 Richard J. Wood				Date June 1, 2017	
Signature of Officer/Authorized Representative <i>Richard J. Wood</i>					

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

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