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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.

> Penaity: Additional \$25.00 fee in	IOIII ja jiot iiioa a	7y 3diy 30.				
1. Entity ID Number	2. Exact name of the Corporation					
104619	East Providence Lions Charaties, Inc					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Raising & d	Raising & disbursing funds for charitable purposes in the community				
4. NAICS Code	1					
813319 - Other Social Advoc						
6. Principal Office Address	**************************************		City	State	Zip	
Po Box 14431			East Providence	RI	02914	
7. List ALL officers (names and add	dresses)			eck the box to indicate	an attachment	
President Name Carol M. Wood			Vice-President Name None			
Street Address 44 Benedict Street			Street Address	Street Address		
City Riverside	State RI	^{Zip} 02915	City	State	Zip	
Secretary Name Richard J. Wood	d		Treasurer Name David A. Ke			
Street Address 44 Benedict Street	et		Street Address 8 McGraw Co	Street Address 8 McGraw Court		
City Riverside	State RI	^{Zip} 02915	City East Greenwich	State RI	^{Zip} 02818	
8. List ALL directors (names and ad	ddresses). Ri Co	prporations MUST li	st at least THREE directors.	Check the box to indica	ate an attachment	
Director Name Deborah Nowosie	ılski		Director Name Fred Nowosi	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 Prim	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 Islan						
Under penalty of perjury, I declar statements, and that all statemen				companying schedu	ies and	
This report must be signed by either the Pres		, Secretary, Assistant Se	xretary, Treasurer, duly Authorized Repre	sentative, Receiver or Trust	96 .	
Name of Officer/Authorized Representative Richard J. Wood				Date June 1, 2017		
Signature of Officer/Nuthorized Rep	resentative					

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: 05/2017