



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.

R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

2017 JUN -6 PM 1:10

1. Entity ID Number 27587		2. Exact name of the Corporation Kiwanis Club of Greater Providence, Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Community Service			
5. Principal Office Address 17 Russell Drive		City N. Kingstown	State RI	Zip 02852-6227	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jim Roehm			Vice-President Name Sandra Levine		
Street Address 17 Russell Drive			Street Address 700 Shore Drive, #610		
City N. Kingstown	State RI	Zip 02852	City Fall River	State MA	Zip 02721
Secretary Name John Pope			Treasurer Name John Pope		
Street Address 6 Canochet Drive			Street Address 6 Canochet Drive		
City Portsmouth	State RI	Zip 02878	City Portsmouth	State RI	Zip 02878
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 Jim Roehm			Director Name Spencer Reid		
Street Address 17 Russell Drive			Street Address 48 Red Maple Terrace		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Director Name John Pope			Director Name Trudy Jessel		
Street Address 6 Canochet Drive			Street Address 66 East Hill Road		
City Portsmouth	State RI	Zip 02878	City Cranston	State RI	Zip 02920
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 Jim Roehm <i>Jim Roehm</i>				Date May 31, 2017	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE <i>C</i>					

FILED

JUN 06 2017

MAIL TO:

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

BY *CH* **305339**