RI SOS Filing Number: 201745550700 Date: 6/15/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 201 Non-Profit Corporation		2017		STAIVIE	
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by	/ July 30.			FOR
1. Entity ID Number	2. Exact name	of the Corporation	1		·
93302	Rhode Island Post Card Club			2	<b>\$</b>
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	To further knowledge of the historical and educational value of postcards.				
4. NAICS Code	1	•			
813410					
6. Principal Office Address			City	State	Zip
c/o Dean Bentley, 36 Bank Street			Coventry	RI	02816
7. List ALL officers (names and add	Iresses)		Check	the box to indicate	an attachment
President Name Russell Archambault			Vice-President Name Jack Lowney		
Street Address 70 Aylsworth Ave.			Street Address 6 Hope Street		
City Woonsocket	State RI	<sup>Zip</sup> 02895	City Westport	State MA	<sup>Zip</sup> 02790
Secretary Name Mary C. Valentin	θ .		Treasurer Name Robert W. Lanpher		
Street Address 19 Haskell Street			Street Address 105 Richards Ave.		
City New Bedford	State MA	<sup>Zip</sup> 02745	City North Attleboro	State MA	<sup>Zip</sup> 02760
8. List ALL directors (names and ad	dresses). RI Corp	oorations MUST I		heck the box to indica	ate an attachment
Director Name Lynn Gaulin			Director Name Joseph E. Coduri		
Street Address 605 Broadway, P. O. Box 664			Street Address 11 Newbury Drive		
City North Attleboro	State MA	<sup>Zip</sup> 02760	City Westerly	State RI	<sup>Zip</sup> 02891
Director Name Robert G. Robinson			Director Name Dean F. Bentley		
Street Address 181 Adams Street			Street Address 36 Bank Street		
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	City Coventry	State RI	<sup>Zip</sup> 02816
9. Registered Agent in Rhode Island	l. This information i	s currently of record	in the Department of State. Changes r	equire filing Form 64	1.
Under penaity of perjury, I declare statements, and that all statemen	e and affirm that	I have examined	this report, including any accor	<u>:</u>	
This report must be signed by either the Presid				1.0 - 5	

SIGN DOCUMENT HERE

MAIL TO:

**Division of Business Services** 

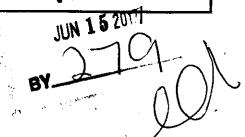
148 W. River Street, Providence, Rhode Island 02904-2615

Name of Officer/Authorized Representative

Signature of Officer/Authorized Representative

Robert W. Lanpher, treasurer

Phone: (401) 222-3040 Website: www.sos.ri.gov



Date

06/12/17