

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

STAMP

FOR

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 93302		2. Exact name of the Corporation Rhode Island Post Card Club	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To further knowledge of the historical and educational value of postcards.	
4. NAICS Code 813410			
6. Principal Office Address c/o Dean Bentley, 36 Bank Street		City Coventry	State RI Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Russell Archambault		Vice-President Name Jack Lowney	
Street Address 70 Aylsworth Ave.		Street Address 6 Hope Street	
City Woonsocket	State RI	City Westport	State MA Zip 02790
Secretary Name Mary C. Valentine		Treasurer Name Robert W. Lanpher	
Street Address 19 Haskell Street		Street Address 105 Richards Ave.	
City New Bedford	State MA Zip 02745	City North Attleboro	State MA Zip 02760
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 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 Zip 02760	City Westerly	State RI Zip 02891
Director Name Robert G. Robinson		Director Name Dean F. Bentley	
Street Address 181 Adams Street		Street Address 36 Bank Street	
City Warwick	State RI Zip 02888	City Coventry	State RI Zip 02816
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 Robert W. Lanpher, treasurer			Date 06/12/17
Signature of Officer/Authorized Representative <i>Robert W. Lanpher</i>			SIGN DOCUMENT HERE

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

FILED
JUN 15 2017
BY 279
[Signature]