RI SOS Filing Number: 201746058250 Date: 6/22/2017 4:00:00 PM

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	2. Exact name of the Corporation
26546	**East Providence Concil Knights of Columbus Past Grand Knights Association**
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Charitable Work, Scholarships**
4. NAICS Code	
611310 - Colleges, Universiti	

6. Principal Office Address	City	State	Zip
3200 Pawtucket Avenue	**East Providence**	**RI**	**02915**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Victor Silva**			Vice-President Name **James Hopkins, Jr.**		
Street Address **90 Heath Street**			Street Address **52 Clyde Avenue**		
City **East Providence**	State **RI**	Zip **02915**	City **East Providence**	State **RI**	Zip **02914**
Secretary Name **Ronald Andrade**			Treasurer Name **Robert Whitaker**		
Street Address **51 Robin Hood Drive**			Street Address **300 East Shore Circle Apt 206**		
City **Riverside**	State **RI**	Zip **02915**	City **East Providence**	State **RI**	Zip **02914**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **Antonio Anrade**			Director Name **Fred Anderson**		
Street Address **51 Robin Hood Drive**			Street Address **16 Victor Avenue**		
City **Riverside**	State **RI**	Zip **02915**	City **Johnston**	State **RI**	Zip **02919**
Director Name **Michael DeAngelis**			Director Name		
Street Address **66 Oak Avenue**			Street Address		
City **Riverside**	State **RI**	Zip **02915**	City	State	Zip

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Ronald Andrade	**6/18/17**

Signature of Officer/Authorized Representative: Ronald Andrade

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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: 06/2017