



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 51967		2. Exact name of the Corporation THE SUPREME EMBLEM CLUB OF THE UNITED STATES OF AMERICA			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CREATING AND PROMOTING FRATERNAL, CHARITABLE, SOCIAL AND LITERACY ACTIVITIES THROUGHOUT THE UNITED STATES OF AMERICA			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address P.O.BOX 151		City WOOSTER	State OH	Zip 44691	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARTY LYNCH MS			Vice-President Name ANNE SERVELLO MS		
Street Address 403 POTTERS MILL AVENUE			Street Address 1608 HARRINGTON AVE SE		
City DAPHNE	State AL	Zip 36526	City RENTON	State WA	Zip 98058
Secretary Name MARY CLIFFORD			Treasurer Name BILLE LEE MS		
Street Address 98-A PERKINS AVENUE			Street Address 1901 WHITTAKER DRIVE		
City WATERBURY	State CT	Zip 06704	City FREMONT	State OH	Zip 43420
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 GAIL WALL MS			Director Name DONNA MAZZOLA, MS		
Street Address 2 JASMINE CIRCLE			Street Address 17 GILBERT STREET		
City MILFORD	State CT	Zip 06461	City W. NEWTON	State MA	Zip 02465
Director Name ARDENNA HURT MS			Director Name NANCY HARRIS MS		
Street Address 886 CARRIAGE LANE			Street Address 1135 BURCHWOOD BAY ROAD		
City WOOSTER	State OH	Zip 44691	City HOT SPRINGS	State AR	Zip 71913
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 BILLIE LEE, TREASURER				Date 6-16-17	
Signature of Officer/Authorized Representative 				FILED JUN 22 2017 1443	

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