RI SOS Filing Number: 201746608590 Date: 6/23/2017 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
C 29305	WARWICK Columbus Corp
3. State of Incorporation: 1951	5. Brief description of the character of business conducted in Rhode Island: Corporation holding property for the use of an exempt fraternal organization
4. NAICS Code: 813219	

6. Principal Office Address	City	State	Zip
475 SANDY LANE	WARWICK	RI	02889

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

President Name	Vice-President Name
Ed O'Connell	Mike BROMMAGE
Street Address: 97 FRONTIER Rd	Street Address: 9 BAKERS CREEK Rd
City: WARWICK State: RI Zip: 02889	City: WARWICK State: RI Zip: 02886
Secretary Name	**Treasurer Name**
KEN McLEOD	RAYMOND CONROY
Street Address: 1 ENZO DRIVE	Street Address: 39 SEVILLE AVE
City: COVENTRY State: RI Zip: 02816	City: WARWICK State: RI Zip: 02889

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

Director Name	Director Name
JOSEPH FOX	Edward Scott
Street Address: 19 SPENCER HILL CT	Street Address: 46 Welch Rd
City: WARWICK State: RI Zip: 02886	City: WARWICK State: RI Zip: 02889
Director Name	**Director Name**
Bernard LATE	
Street Address: 27 DEERFIELD DR	Street Address:
City: WARWICK State: RI Zip: 02886	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: Edmund O'Connell
Date: 6/23/17
Signature of Officer/Authorized Representative: Edmund O'Connell

FILED
JUN 23 2017
BY 136130 5

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: 05/2017