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
26578	East Providence Lodge No. 2337 - Benevolent & Protective Order of Elks of the United States
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Fundraising for Charitable Events.
4. NAICS Code: 91321	

6. Principal Office Address	City	State	Zip
60 Berkeley St.	East Providence	RI	02914

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

President Name	Vice-President Name
John Rodrigues	Lynette Arruda
Street Address: 85 Old Providence Rd	Street Address: 124 Mount Fair Circle
City: Swansea State: MA Zip: 02777	City: Swansea State: MA Zip: 02777
Secretary Name: Lucy Fontaine	**Treasurer Name:** Joseph Sullivan
Street Address: 700 Veterans Memorial PK	Street Address: 700 Veterans Memorial Pkwy
City: East Providence State: RI Zip: 02914	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	Director Name
Randy Arruda	Christine Santos
Street Address: 124 Mount Fair Circle	Street Address: 302 Market St
City: Swansea State: MA Zip: 02777	City: Swansea State: MA Zip: 02777
Director Name: Mark Andrade	Director Name:
Street Address: 14 Bourne St.	Street Address:
City: Bristol State: RI Zip: 02809	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
Lucy Fontaine	7/3/17

Signature of Officer/Authorized Representative: Lucy Fontaine

FILED
JUL 06 2017
BY 4700 DS

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