



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

Annual Report for the year:
Non-Profit Corporation 2017

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 JUL 20 AM 10:27

- 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 138995	2. Exact name of the Corporation Rhode Island Senior Olympics		
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island a fitness program for senior thru education and sportin competitions		
4. NAICS Code			

6. Principal Office Address 21 Dalton St.	City Rumford	State RI	Zip 02916
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael E. Lyons		Vice-President Name William Masuck			
Street Address 21 Dalton St.		Street Address 25 Second St.			
City Rumford	State RI	Zip 02916	City Pawtucket	State RI	Zip 02861
Secretary Name Edward Bowers		Treasurer Name Robert Murphy			
Street Address 193 Grand Ave.		Street Address 175 Randall			
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02886

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 Dolores Bergeron		Director Name Sandi Ruggiero			
Street Address 1017 Williamsburg Circle		Street Address 22 Daboll Ct.			
City Warwick	State RI	Zip 02905	City Warwick	State RI	Zip 02889
Director Name Kelly Morra		Director Name Ray Carroll			
Street Address 139 E. Broad St.		Street Address PO Box 534			
City Bethlehem	State PA	Zip 18018	City Saunderstown	State RI	Zip 02874

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 Michael E. Lyons	Date 7/27/17
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Signature of Officer/Authorized Representative

FILED

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

JUL 20 2017

BY CM 308597 FORM 631 - Revised: 06/2017