

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
RI, DEPT. OF STATE
BUS SVCS DIV
2017 JUL 20 AM 9:58Annual Report for the year: **2016**

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 26507		2. Exact name of the Corporation East Providence Aerle No. 1773, Fraternal Order of Eagles			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Social, Title: 7-6			
4. NAICS Code 813319 <input type="checkbox"/>					
6. Principal Office Address 334 Waterman Ave.		City East Providence		State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julio Reglado			Vice-President Name Edward R. Nunes		
Street Address 334 Waterman Ave			Street Address 334 Waterman Ave		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Jose "Pepo" Cruz			Treasurer Name		
Street Address 334 Waterman Ave			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
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 Luis Leon			Director Name Jaime Salinas		
Street Address 334 Waterman Ave			Street Address 334 Waterman Ave		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Director Name			Director Name Kenneth Casperson		
Street Address			Street Address 334 Waterman Ave		
City	State	Zip	City East Providence	State RI	Zip 02915
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 Brian G. Le Blanc, as Agent / Receiver				Date 07/19/2017	
Signature of Officer/Authorized Representative <i>Brian G. Le Blanc</i>				07-19-2017	

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 CU 308607

FORM 631 - Revised: 06/2017