



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

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 BUS SVCS DIV  
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**Annual 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 <b>26507</b>		2. Exact name of the Corporation <b>East Providence Aerle No. 1773, Fraternal Order of Eagles</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Social, Title: 7-6</b>			
4. NAICS Code <b>813319</b> <input type="checkbox"/>					
6. Principal Office Address <b>334 Waterman Ave.</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Julio Reglado</b>		Vice-President Name <b>Edward R. Nunes</b>			
Street Address <b>334 Waterman Ave</b>		Street Address <b>334 Waterman Ave</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>Jose "Pepo" Cruz</b>		Treasurer Name			
Street Address <b>334 Waterman Ave</b>		Street Address			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Luis Leon</b>		Director Name <b>Jaime Salinas</b>			
Street Address <b>334 Waterman Ave</b>		Street Address <b>334 Waterman Ave</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
Director Name		Director Name <b>Kenneth Casperson</b>			
Street Address		Street Address <b>334 Waterman Ave</b>			
City	State	Zip	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Brian G. Le Blanc, as Agent / Receiver</b>				Date <b>07/19/2017</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>				<b>07-19-2017</b>	

**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

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BY CM 308607 FORM 631 - Revised: 06/2017