



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

Annual Report for the year: 2015

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.

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 BUS SVCS DIV
 2017 JUL 20 AM 9:58

1. Entity ID Number 26507		2. Exact name of the Corporation East Providence Aerie 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	City East Providence	State RI
Zip 02915		Zip 02915	
Secretary Name Jose "Pepo" Cruz		Treasurer Name	
Street Address 334 Waterman Ave		Street Address	
City East Providence	State RI	City	State
Zip 02915		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	City East Providence	State RI
Zip 02915		Zip 02915	
Director Name		Director Name Kenneth Casperson	
Street Address		Street Address 334 Waterman Ave	
City	State	City East Providence	State RI
Zip		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.			
<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 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

FILED

JUL 20 2017

BY CA 308607

FORM 631 - Revised: 06/2017