



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

Annual Report for the year: **2013**

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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2017 JUL 20 AM 9:58

1. Entity ID Number <b>26507</b>		2. Exact name of the Corporation <b>East Providence Aerie 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 Regalado</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 "Pepé" 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 MUST list at least THREE 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 <b>334 Waterman Ave</b>		
	State	Zip	City <b>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.					
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 <b>Brian G. Le Blanc, as Agent / Receiver</b>				Date <b>07/19/2017</b>	
Signature of Officer/Authorized Representative <i>Brian G. Le Blanc</i>				<b>FILED</b> 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 9:59  
BY *CK* 308607 FORM 631 - Revised: 06/2017