RI SOS Filing Number: 201865882390 Date: 5/16/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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	2. Exact name of the Corporation
000027667	Friendly Sons of St. Patrick
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: non profit Bar.
4. NAICS Code: 813410	

6. Principal Office Address	City	State	Zip
127 Broad St.	Cumb	RI	02864

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Nicholas Refino	Keith Christianson
Street Address: 15 Lynch place	Street Address: 466 Bryant st
City: Cumb State: RI Zip: 02864	City: Cumb State: RI Zip: 02864
Secretary Name	**Treasurer Name**
Jennifer Leno	Chrissy Farrell
Street Address: 12 Lonesome pine rd	Street Address: 15 Lynch Place
City: Cumb State: RI Zip: 02864	City: Cumb State: RI Zip: 02864

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Jon Kelly	Pete Jarest
Street Address: 150 Jenks ave	Street Address: 141 Jenks ave
City: central falls State: RI Zip: 02863	City: Central falls State: RI Zip: 02863
Director Name	**Director Name**
Bill Walmsley	
Street Address: 19 Cecille St	Street Address:
City: Lincoln State: RI Zip: 02865	City: State: Zip:

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	Date
Chrissy Farrell	5/10/18

Signature of Officer/Authorized Representative

FILED
MAY 16 2018
BY 4856 A.A.

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

FORM 631 - Revised: 11/2017