



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

Annual Report for the year:  
Non-Profit Corporation

2018

→ 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 0000 475 81		2. Exact name of the Corporation Lions Club of Rumford	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHARITABLE	
4. NAICS Code 813211			
6. Principal Office Address PO Box 4921		City Rumford	State RI
		Zip 02916	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name William Kelly		Vice-President Name Craig Tredson	
Street Address 10 Reservoir Ave		Street Address 30 Linden Road	
City Rumford	State RI	City Seekonk	State MA
Zip 02916		Zip 02771	
Secretary Name Marianne Phelan		Treasurer Name Peter G Barilla SR	
Street Address 35 Jonathan Way		Street Address 12 Miller St	
City Cranston	State RI	City Rumford	State RI
Zip 02920		Zip 02916	
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 Richard Cappuccio		Director Name Kevin Phelan	
Street Address 122 Wilson Ave		Street Address 35 Jonathan Way	
City Rumford	State RI	City Cranston	State RI
Zip 02916		Zip 02920	
Director Name Dan Rowe		Director Name William Walsh	
Street Address 33 Sylvan Road		Street Address 66 Superior View Blvd	
City Rumford	State RI	City Providence	State RI
Zip 02916		Zip 02911	
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 Peter G Barilla SR			Date 6-6-18
Signature of Officer/Authorized Representative <i>Peter G Barilla SR</i>			FILED <i>BV</i>

JUN 07 2018

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