



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 <b>0000 47581</b>		2. Exact name of the Corporation <b>Lions Club of Rumford</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHARITABLE</b>	
4. NAICS Code <b>813211</b>			
6. Principal Office Address <b>PO Box 4921</b>		City <b>Rumford</b>	State <b>RI</b>
		Zip <b>02916</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>William Kelly</b>		Vice-President Name <b>Craig T Rodson</b>	
Street Address <b>10 Reservoir Ave</b>		Street Address <b>30 Linden Road</b>	
City <b>Rumford</b>	State <b>RI</b>	City <b>Seekonk</b>	State <b>MA</b>
Zip <b>02916</b>		Zip <b>02771</b>	
Secretary Name <b>Marianne Phelan</b>		Treasurer Name <b>Peter G Barilla SR</b>	
Street Address <b>35 Jonathan Way</b>		Street Address <b>12 Miller St</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Rumford</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02916</b>	
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>Richard Cappuccio</b>		Director Name <b>Kevin Phelan</b>	
Street Address <b>122 Wilson Ave</b>		Street Address <b>35 Jonathan Way</b>	
City <b>Rumford</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02916</b>		Zip <b>02920</b>	
Director Name <b>Dan Rowe</b>		Director Name <b>William Walsh</b>	
Street Address <b>33 Sylvan Road</b>		Street Address <b>66 Superior View Blvd</b>	
City <b>Rumford</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02916</b>		Zip <b>02911</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>Peter G Barilla SR</b>			Date <b>6-6-18</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>			<b>FILED</b> <i>[Signature]</i>

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