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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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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BY 2038	_

1 Entity ID Number	2 Evact name of	the Corporation					
000509591	2. Exact name of the Corporation Bristol County Lions Club Foundation						
3 State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island						
	Charitable, Religious, Educational and Scientific Purposes,						
4. NAICS Code	ľ	-	•	-	'		
813990 - Other Similar Organiza	1		· -		``		
6. Principal Office Address			City	State	Zıp		
40 Harris Avenue			Lincoln	RI	02865		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Jessica Almeida			Vice-President Name Christopher Chambers				
Street Address 3 Michael Drive			Street Address 1 Sandy Point Road				
City Bristol	State RI	^{Zıp} 02809	City Barrington	State RI	^{Zıp} 02806		
Secretary Name Frank Cirillo			Treasurer Name Kathleen Marabello				
Street Address 10 Mayo Drive			Street Address 16 Fern Drive				
City Warren	State RI	^{2ip} 02885	City Warren	State RI	^{Zip} 02885		
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Tom Carroll			Director Name Pat Terra				
Street Address 1172 Hope Street			Street Address 1 Highland Road				
City Bristol	State RI	Z _{IP} 02809	City Bristol	State RI	^{Zip} 02809		
Director Name Richard Abrams			Director Name Mike Carbone				
Street Address 8 Walley Street			Street Address 4094 Main Street				
City Bristol	State RI	Zip 02809	City Tiverton	State RI	^{Zip} 02878		
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			
Kathleen Marabello, Treasurer				June 6, 2018			
Signature of Officer/Authorized Representative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov