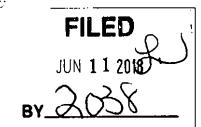


State of Rhode Island and Providence Plantations

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			
000509591	Bristol County Lions Club Foundation				
3 State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Charitable, Religious, Educational and Scientific Purposes,				
4. NAICS Code		-	•	-	•
813990 - Other Similar Organiza	1				· · ·
6. Principal Office Address			City	State	Zıp
40 Harris Avenue			Lincoln	RI	02865
7. List ALL officers (names and add	iresses)		С	heck the box to indicat	e 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	^{Zip} 02809	City Barrington	State RI	Z _{IP} 02806
Secretary Name Frank Cirillo			Treasurer Name Kathleen Marabello		
Street Address 10 Mayo Drive			Street Address 16 Fern Drive		
City Warren	State RI	^{Zip} 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	Zip 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 Repres	sentative			Date	
Kathleen Marabello, Treasurer				June 6, 2018	
Signature of Officer/Authorized Representative White Sulfil					

MAIL TO:

Division of Business Services

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

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