



Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

→ 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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SECRETARY OF STATE
CORPORATIONS DIV

2018 SEP -5 PM 12:21

1. Entity ID Number 000030442		2. Exact name of the Corporation Rhode Island Lions Sight Foundation, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-profit civic organizations that focuses on the needs of individuals in RI who are blind and visually impaired.	
4. NAICS Code 999999			
6. Principal Office Address 35 Glen Drive		City Warwick	State RI Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Domingos Branco		Vice-President Name Francine Murphy-Brillon	
Street Address 6 Westgate Rd.		Street Address 51 Cobble Hill Rd.	
City Cumberland	State RI	City Lincoln	State RI
Zip 02864		Zip 02865	
Secretary Name Linda Hughes		Treasurer Name Michael Haws	
Street Address 35 Glen Drive		Street Address 14 Harbor Village Drive	
City Warwick	State RI	City Middletown	State RI
Zip 02889		Zip 02842	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name William Walsh		Director Name Scott Surdot	
Street Address 1650 Superior View Blvd		Street Address 64 Flintstone Rd.	
City N. Prov.	State RI	City Narragansett	State RI
Zip 02904		Zip 02882	
Director Name James Clarke		Director Name Kenneth Barthelémy	
Street Address 7 Keech Pond Drive		Street Address 155 Trout Brook Lane	
City Chepachet	State RI	City Hope	State RI
Zip 02814		Zip 02831	
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 Linda Hughes			Date 9/4/18
Signature of Officer/Authorized Representative Linda Hughes			

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

FILED

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BY TA 9 R 7

A.A. 12:22p.m.