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

Annual Report for the year: 2017
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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CORPORATIONS DIV

2018 SEP -5 PM 12: 21

1. Entity ID Number	2. Exact name of the Corporation
000030442	Rhode Island Lions Sight Foundation, Inc
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	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	City	State	Zip
35 Glen Drive	Warwick	RI	02889

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Domingos Branco	Francine Murphy-Brillon
Street Address: 6 Westgate Rd.	Street Address: 51 Cobble Hill Rd.
City: Cumberland / State: RI / Zip: 02864	City: Lincoln / State: RI / Zip: 02865
Secretary Name	**Treasurer Name**
Linda Hughes	Michael Haws
Street Address: 35 Glen Drive	Street Address: 14 Harbor Village Drive
City: Warwick / State: RI / Zip: 02889	City: Middletown / State: RI / 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	Director Name
William Walsh	Scott Surdot
Street Address: 1650 Superior View BND	Street Address: 64 Flintstone Rd,
City: N. Prov. / State: RI / Zip: 02904	City: Narragansett / State: RI / Zip: 02882
Director Name	**Director Name**
James Clarke	Kenneth Barthelemy
Street Address: 7 Keech Pond Drive	Street Address: 155 Trout Brook Lane
City: Chepachet / State: RI / Zip: 02814	City: Hope / State: RI / 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	Date
Linda Hughes	9/4/18

Signature of Officer/Authorized Representative: Linda Hughes

FILED
SEP 05 2018
BY IA987
A.A. 12:22p.m.

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

FORM 631 - Revised: 11/2017