



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.

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CORPORATION STATE
SECRETARY OF STATE

1. Entity ID Number 26371		2. Exact name of the Corporation American Lithuanian Citizens Beneficial Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Too promote brotherly love and Lithuanian culture among American Lithuanians. Render help in sickness and misfortune. Help members who are not U.S. citizens to obtain their citizenship.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 475 Smith St			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Bataitis			Vice-President Name Michael Bastow		
Street Address 39 Lisbon St			Street Address 14 Ballston St		
City Providence	State RI	Zip 02908	City Pawt.	State RI	Zip 02820
Secretary Name Brandon Hassoh			Treasurer Name Cas Gaidimas		
Street Address 305 Stillwater Rd			Street Address 262 Stillwater Rd		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christine Nardollio			Director Name CJ Bataitis		
Street Address 109 Garfield Ave			Street Address 39Lisbon St		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Victor Sorgen			Director Name Kazy Navakaukas		
Street Address 76 Yorkshire St			Street Address 42 Lydia Dr		
City Providence	State RI	Zip 02908	City Coventry	State RI	Zip 02816
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Christopher Bataitis					Date 4/18/18
Signature of Officer/Authorized Representative <i>Christopher Bataitis</i>					SIGN DOCUMENT HERE

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 *LL McWxd*