

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

**FILED**

JUN 07 2019

Annual Report for the year: 2019  
 Non-Profit Corporation

ny 5193

- 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 <u>000027667</u>		2. Exact name of the Corporation <u>Friendly Sons of St. Patrick</u>	
3. State of Incorporation <u>1960</u>		5. Brief description of the character of business conducted in Rhode Island <u>NON profit BAR</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>127 Broad Street</u>		City <u>Cumb</u>	State <u>RI</u>
		Zip <u>02864</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Nick Refino</u>		Vice-President Name <u>Keith Christianson</u>	
Street Address <u>2289 Mendon rd</u>		Street Address <u>466 Bryant St</u>	
City <u>Cumb</u>	State <u>RI</u>	City <u>Cumb</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02864</u>	
Secretary Name <u>Jan Ieno</u>		Treasurer Name <u>Chissy Farrell</u>	
Street Address <u>459 High St</u>		Street Address <u>2289 Mendon rd</u>	
City <u>Cumb</u>	State <u>RI</u>	City <u>Cumb</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02864</u>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Jon Kelly</u>		Director Name <u>Pete Jarest</u>	
Street Address <u>150 Jenks Ave</u>		Street Address <u>149 Jenks Ave</u>	
City <u>Centralfall</u>	State <u>RI</u>	City <u>Cf</u>	State <u>RI</u>
Zip <u>02863</u>		Zip <u>02863</u>	
Director Name <u>Bill Warmsley</u>		Director Name	
Street Address <u>152 Main St</u>		Street Address	
City <u>Cumb</u>	State <u>RI</u>	City	State
Zip <u>02864</u>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <u>Chissy Farrell</u>			Date <u>6/2/19</u>
Signature of Officer/Authorized Representative <u>Chissy Farrell</u>			

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