



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

FILED

Annual Report for the year: **2019**

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.

JUN 10 2019

BY 16536 *[Signature]*

1. Entity ID Number 30588		2. Exact name of the Corporation Woonsocket Lodge No.850 of the Benevolent and			
3. State of Incorporation RHODE ISLAND		<i>Protective Order of Elks, of the United States</i> Civic and Fraternal <i>of America</i>			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address PO Box 879			City Woonsocket	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Theodore Lussier		Vice-President Name Stacy Vilandre			
Street Address Po Box 129		Street Address 84 Benefit St.			
City Blackstone	State MA	Zip 01504	City Woonsocket	State RI	Zip 02895
Secretary Name Jeanne Fagnant		Treasurer Name Melody Beach			
Street Address 1189 Mendon Rd.		Street Address 63 Newell Ave.			
City Woonsocket	State RI	Zip 02895	City Southbridge	State MA	Zip 01550
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 Paul Bokoski		Director Name Terri-Lyn Lanctot			
Street Address 57 Denby St.		Street Address 47 Oakton St.			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Henry Payette		Director Name Raymond Vilandre			
Street Address 757 Grove St.		Street Address 84 Benefit St.			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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 <i>Jeanne E. Fagnant</i>					Date 6/7/19
Signature of Officer/Authorized Representative <i>Jeanne E. Fagnant</i>					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov