



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

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.

FILED

JUN 10 2019

BY

East Providence

1. Entity ID Number 26546		2. Exact name of the Corporation Council K of C Past Grand Knights Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable Works, Scholarships			
4. NAICS Code 611310 - Colleges, Univer					
6. Principal Office Address 3200 Pawtucket Avenue			City East Providence	State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victor Silva			Vice-President Name James Hopkins, Jr.		
Street Address 90 Heath Street			Street Address 52 Clyde Avenue		
City Riverside	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Secretary Name Ronald Andrade			Treasurer Name Michael DeAngelis		
Street Address 51 Robin Hood Drive			Street Address 66 Oak Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
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 Donald Oulette			Director Name Antonio Andrade		
Street Address 57 Griffith Drive			Street Address 51 Robin Hood Drive		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name James Krakue			Director Name		
Street Address 93 South Street			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
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 Ronald Andrade				Date 6/6/19	
Signature of Officer/Authorized Representative <i>Ronald Andrade</i>					