

RECEIVED STATE  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 JUN 27 PM 12:56



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.

1. Entity ID Number <b>000031199</b>		2. Exact name of the Corporation <b>The Shamrock Society of North Providence</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Support of charities (Support of Charities)</b>			
4. NAICS Code <b>624190</b>					
6. Principal Office Address <b>PO Box 28039</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>John McGinn</b>			Vice-President Name <b>John Rossi</b>		
Street Address <b>47 Long View Ave.</b>			Street Address <b>PO Box 28039</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Brian McKenna</b>			Treasurer Name <b>James Gilchrist</b>		
Street Address <b>PO Box 28039</b>			Street Address <b>35 Jacksonia Dr.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
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 <b>Nicholas Lima</b>			Director Name <b>Gerald McKenna II</b>		
Street Address <b>PO Box 28039</b>			Street Address <b>903 Providence Place</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>James Gilchrist</b>			Director Name		
Street Address <b>35 Jacksonia Dr.</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	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.					
<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 <b>James Gilchrist, Treasurer</b>					Date <b>06/27/19</b>
Signature of Officer/Authorized Representative 					

**FILED**