



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

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CORPORATIONS DIV
2019 JUN 27 PM 12:56

Annual Report for the year:
Non-Profit Corporation

2019

- 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>000031199</u>		2. Exact name of the Corporation <u>The Shamrock Society of North Providence</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>support of charities (support of charities)</u>			
4. NAICS Code <u>624190</u>					
6. Principal Office Address <u>PO Box 28039</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>John McGinn</u>			Vice-President Name <u>John Rossi</u>		
Street Address <u>47 Long View Ave.</u>			Street Address <u>PO Box 28039</u>		
City <u>North Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
Secretary Name <u>Brian McKenna</u>			Treasurer Name <u>James Gilchrist</u>		
Street Address <u>PO Box 28039</u>			Street Address <u>35 Tacksonia Dr.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>North Providence</u>	State <u>RI</u>	Zip <u>02911</u>
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 <u>Nicholas Lima</u>			Director Name <u>Garold McKenna II</u>		
Street Address <u>PO Box 28039</u>			Street Address <u>903 Providence Place</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
Director Name <u>James Gilchrist</u>			Director Name		
Street Address <u>35 Tacksonia Dr.</u>			Street Address		
City <u>North Providence</u>	State <u>RI</u>	Zip <u>02911</u>	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative <u>James Gilchrist, Treasurer</u>					Date <u>06/27/19</u>
Signature of Officer/Authorized Representative 					

FILED