



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 001690083

2. Name of Corporation Clann Lir Association

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813410

4. Corporate Address in Rhode Island

No. and Street: 22 PARSONAGE ST
SUITE 183-B

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

LAWFUL PURPOSE THE PURPOSE OF THE CORPORATION IS TO EXCLUSIVELY ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH NOT FOR PROFIT CORPORATIONS MAY BE ORGANIZED UNDER THE LAWS OF THE STATE OF RHODE ISLAND AND UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR ANY CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. SPECIFIC PURPOSE THE SPECIFIC PURPOSE FOR WHICH THIS COOPERATION IS ORGANIZED IS TO

PROMOTE, PRESERVE AND SHARE IRISH DANCE TRADITION THROUGH EDUCATION AND CHARITABLE PROGRAMMING.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TRISH SEWARD	11 CREST VIEW PORTSMOUTH, RI 02871 USA
TREASURER	ANDREW MEYER	3 SHIP ST UNIT 103 PROVIDENCE, RI 02903 USA
VICE PRESIDENT	JENNIFER KILLEEN	14 CROOKER PL HINGHAM, MA 02341 USA
DIRECTOR	ANTHONY FALLON	3 SHIP ST UNIT 103 PROVIDENCE, RI 02903 USA
DIRECTOR	ANDREW MEYER	3 SHIP ST UNIT 103 PROVIDENCE, RI 02903 USA
DIRECTOR	TRISH SEWARD	11 CREST VIEW PORTSMOUTH, RI 02871 USA
DIRECTOR	JENNIFER KILLEEN	14 CROOKER PL HINGHAM, MA 02341 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ANDREW MEYER 3 SHIP STREET, UNIT 103 PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of December, 2019 at 3:43:55 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By ANDREW L. MEYER
Signature of Authorized Person

Form No. 631
Revised 09/07