| State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State | | | |
|---|--|--|--|
| Division Of Business Services | | | |
| 148 W. River Street | | | |
| Providence RI 02904-2615 (401) 222-3040 | | | |
| NOPE X Y | | | |
| 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: 2020 | | | |
| 1. Corporate ID No. 000047581 | | | |
| 2. Name of Corporation LIONS CLUB OF RUMFORD | | | |
| 3. State of Incorporation | | | |
| State: <u>RI</u> | | | |
| ARTICLE III | | | |
| 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 <u>click here</u> . | | | |
| 813219 | | | |
| 4. Corporate Address in Rhode Island | | | |
| No. and Street: PO BOX 4921 | | | |
| City or Town: <u>RUMFORD</u> State: RI Zip: <u>02916</u> 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 | | | |
| | | | |
| TO TAKE AN ACTIVE INTEREST IN THE CIVIC, CULTURAL, SOCIAL & MORAL WELFARE OF THE COMMUNITY THROUGH VARIOUS ENDEAVORS. | | | |
| 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| Incorporator is no longer applicable; please delete | | | |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 | Address |
|---------------------|-----------------------------|--|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | CRAIG TRODSON | 30 LINDEN ROAD SEEKONK, MA 02771 USA |
| TREASURER | PETER G BARILLA | 12 MILLER AVENUE RUMFORD, RI 02916 USA |
| SECRETARY | KEVIN P PHELAN | 35 JONATHAN WAY CRANSTON, RI 02920 USA |
| ASSISTANT TREASURER | JASON S FITTERLING | 15 ALGONQUIN ROAD RUMFORD, RI 02916 USA |
| VICE PRESIDENT | JASON S FITTERLING | 15 ALGONQUIN ROAD RUMFORD, RI 02916 USA |
| ASSISTANT SECRETARY | WILLIAM P KELLY | 10 RESERVOIR AVENE RUMFORD, RI 02916 USA |
| DIRECTOR | WILLIAM WALSH | 66 SUPERIOR VIEW BOULEVARD NORTH PROVIDENCE, RI 02911 USA |
| DIRECTOR | ANTHONY GOMES | 36 HOOD AVENUE RUMFORD, RI 02916 USA |
| DIRECTOR | DANIEL M ROWE | 33 SYLVAN ROAD RUMFORD, RI 02916 USA |
| DIRECTOR | NANCY S KELLY | 10 RESERVOIR AVENUE RUMFORD, RI 02916-1517 USA |
| DIRECTOR | RICHARD E CAPPUCCIO | 122 WILSON AVENUE RUMFORD, RI 02916 USA |
| DIRECTOR | SANDRA M BARILLA | 12 MILLER AVENUE RUMFORD, RI 02916 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

WILLIAM M. WALSH 66 SUPERIOR VIEW BOULEVARD NORTH PROVIDENCE, RI 02911

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

Signed this 19 Day of May, 2020 at 4:50:24 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 WILLIAM P. KELLY, ASSISTANT SECRETARY

Signature of Authorized Person

Form No. 631 Revised 09/07