



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

FILED

JUL 08 2020

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Annual Report for the year: **2020**

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 103620		2. Exact name of the Corporation LIONS CLUB OF SCITUATE, RHODE ISLAND			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To create and foster a spirit of understanding among the people of the world.			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 22 Orchard Avenue		City Greenville	State RI	Zip 02828	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Provonsil		Vice-President Name Dona Coutu			
Street Address 40 Spruce Valley Drive		Street Address 62 Kilvert Street, Apt. 4			
City North Scituate	State RI	Zip 02857	City Warwick	State RI	Zip 02886
Secretary Name Michael Scotto		Treasurer Name Brian E. Carpenter			
Street Address 22 Orchard Avenue		Street Address 190 Harmony Road			
City Greenville	State RI	Zip 02828	City North Scituate	State RI	Zip 02857
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 Amanda Caluori		Director Name Abbie Groves			
Street Address 141 Westcott Road		Street Address 7 Howard Avenue			
City North Scituate	State RI	Zip 02857	City Hope	State RI	Zip 02831
Director Name Christopher Caluori		Director Name			
Street Address 141 Westcott Road		Street Address			
City North Scituate	State RI	Zip 02857	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 Brian E. Carpenter TREASURER				Date 7/24/20	
Signature of Officer/Authorized Representative Brian E. Carpenter				SIGN DOCUMENT HERE Treasurer	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov