



**State of Rhode Island  
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:** 2021

**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

**4. Principal Office Address**

No. and Street: 3 SHIP ST  
UNIT 103

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:

**5. Brief Description of the Character of the Affairs 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.**

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

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

**7. 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

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

**Signed this 7 Day of June, 2021 at 7:41:40 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