



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

JUN 09 2021

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1. Entity ID Number 000093302		2. Exact name of the Corporation Rhode Island Post Card Club			
3. State of incorporation RI		5. Brief description of the character of business conducted in Rhode Island To further knowledge of the historical and educational value of postcards.			
4. NAICS Code 813410					
6. Principal Office Address c/o Dean Bentley, 36 Bank Street			City Coventry	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Russell Archambault			Vice-President Name Jack Lowney		
Street Address 70 Aylsworth Ave.			Street Address 6 Hope Street		
City Woonsocket	State RI	Zip 02895	City Westport	State MA	Zip 02790
Secretary Name Mary C. Valentine			Treasurer Name Robert W. Lanpher		
Street Address 19 Haskell Street			Street Address 105 Richards Ave.		
City New Bedford	State MA	Zip 02745	City North Attleboro	State MA	Zip 02760
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 Lynn Gaulin			Director Name Joseph E. Coduri		
Street Address 605 Broadway, P. O. Box 664			Street Address 11 Newbury Drive		
City North Attleboro	State MA	Zip 02761	City Westerly	State RI	Zip 02895
Director Name Dean F. Bentley			Director Name Jack Lowney		
Street Address 36 Bank Street			Street Address 6 Hope Street		
City Coventry	State RI	Zip 02816	City Westport	State MA	Zip 02790
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Robert W. Lanpher, Treasurer				Date 06/02/2021	
Signature of Officer/Authorized Representative <i>Robert W. Lanpher</i>					