



State of Rhode Island

Department of State - Business Services Division

FILED

STAMP

Annual Report for the year:

2021-22

Non-Profit Corporation

JUL 02 2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 231

1. Entity ID Number 000030442		2. Exact name of the Corporation RHODE ISLAND LION'S SIGHT FOUNDATION INC	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island ASSIST VISUALLY IMPAIRED INDIVIDUALS WITH SIGHT PROJECTS	
4. NAICS Code 624120			
6. Principal Office Address 48 BURLINGTON ST		City PROVIDENCE	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ROBERT ANDRADE		Vice-President Name LISA BARTSEVICH	
Street Address ANCHOR WAY		Street Address 68 PINOAK DRIVE	
City RIVERHOLE	State RI	Zip 02815	City EXETER
			State RI
			Zip 02822
Secretary Name STEVEN KROHN		Treasurer Name LISA BARTSEVICH	
Street Address 48 BURLINGTON ST		Street Address 68 PINOAK DRIVE	
City PROVIDENCE	State RI	Zip 02906	City EXETER
			State RI
			Zip 02822
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 ROBERT ANDRADE		Director Name LISA BARTSEVICH	
Street Address ANCHOR WAY		Street Address 68 PINOAK DRIVE	
City RIVERHOLE	State RI	Zip 02815	City EXETER
			State RI
			Zip 02822
Director Name STEVEN KROHN		Director Name	
Street Address 48 BURLINGTON ST		Street Address	
City PROVIDENCE	State RI	Zip 02906	City
			State
			Zip
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative STEVEN KROHN			Date 6/27/21
Signature of Officer/Authorized Representative <i>Steven Krohn</i>			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020