



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.

OCT 06 2021

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1. Entity ID Number <b>26546</b>		2. Exact name of the Corporation <b>E.P. COUNCIL KOFC PAST GRAND KNIGHTS ASSOCIATION</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHARITABLE WORKS, SCHOLARSHIPS</b>			
4. NAICS Code <b>611310 - Colleges, Universities</b>					
6. Principal Office Address <b>3200 PAWTUCKET AVENUE</b>			City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>VICTOR SILVA</b>			Vice-President Name <b>JAMES HOPKINS, JR.</b>		
Street Address <b>90 HEATH STREET</b>			Street Address <b>52 CLYDE AVENUE</b>		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>RONALD ANDRADE</b>			Treasurer Name <b>MICHAEL DEANGELIS</b>		
Street Address <b>51 ROBIN HOOD DRIVE</b>			Street Address <b>66 OAK AVENUE</b>		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DONALD OULETTE</b>			Director Name <b>THOMAS CLUPNY</b>		
Street Address <b>57 GRIFFITH DRIVE</b>			Street Address <b>30 BOURNE AVENUE</b>		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>
Director Name <b>JAMES KRAKUE</b>			Director Name		
Street Address <b>93 SOUTH STREET</b>			Street Address		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Ronald Andrade</b>				Date <b>9/21/21</b>	
Signature of Officer/Authorized Representative					

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