RI SOS Filing Number: 202102797130 Date: 10/6/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

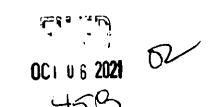
2021

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.



4.5-45-10.11	10.5				
1. Entity ID Number 26546	2. Exact name of the Corporation E.P. COUNCIL KOFC PAST GRAND KNIGHTS ASSOCIATION				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	CHARITABLE WORKS, SCHOLARSHIPS				
4. NAICS Code	1				
611310 - Colleges, Universitie					
6. Principal Office Address	A		City	State	Zip
3200 PAWTUCKET AVENUE			EAST PROVIDENCE	RI	02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name VICTOR SILVA			Vice-President Name JAMES HOPKINS, JR.		
Street Address 90 HEATH STREET			Street Address 52 CLYDE AVENUE		
City RIVERSIDE	State RI	^{Zip} 02915	City EAST PROVIDENCE	State RI	^{Zip} 02914
Secretary Name RONALD ANDRADE			Treasurer Name MICHAEL DEANGELIS		
Street Address 51 ROBIN HOOD DRIVE			Street Address 66 OAK AVENUE		
City RIVERSIDE	State RI	^{Zip} 02915	City RIVERSIDE	State RI	^{Zip} 02915
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name DONALD OULETTE			Director Name THOMAS CLUPNY		
Street Address 57 GRIFFITH DRIVE			Street Address 30 BOURNE AVENUE		
^{City} RIVERSIDE	State RI	^{Zip} 02915	City RUMFORD	State RI	^{Z_{ip}} 02916
Director Name JAMES KRAKUE			Director Name		
Street Address 93 SOUTH STREET			Street Address		
City BARRINGTON	State RI	^{Zip} 02806	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, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Ronald Andrade				9/21/21	
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