



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

458

1. Entity ID Number 26546		2. Exact name of the Corporation E.P. COUNCIL KOFC PAST GRAND KNIGHTS ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHARITABLE WORKS, SCHOLARSHIPS			
4. NAICS Code 611310 - Colleges, Universities					
6. Principal Office Address 3200 PAWTUCKET AVENUE			City EAST PROVIDENCE	State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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	Zip 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.					
<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 Ronald Andrade				Date 9/21/21	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov