State of Rhode Island Fee: \$20.0 Office of the Secretary of State Office of the Secretary of State			
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
1636 (401) 222-3040			
Non-Profit Corporation Annual Report Filing Period: February 1 - May 1			
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2023			
1. Corporate ID No. 001690083			
2. Name of Corporation <u>Clann Lir Association</u>			
3. State of Incorporation			
State: <u>RI</u>			
ARTICLE III			
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here</u> .			
NAICS Code			
<u>813410</u>			
4. Principal Office Address			
No. and Street: <u>3 SHIP ST</u> <u>UNIT 103</u>			
City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02903</u> Country: <u>USA</u>			
5. Brief Description of the Character of the Affairs Conducted in Rhode Island			
LAWFUL PURPOSE THE PURPOSE OF THE CORPORATION IS TO EXCLUSIVELY ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH NOT FOR PROFIT CORPORATIONS MAY BE ORGANIZED UNDER THE LAWS OF THE STATE OF RHODE ISLAND AND UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR ANY CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. SPECIFIC PURPOSE THE SPECIFIC PURPOSE FOR WHICH THIS COOPERATION IS ORGANIZED			
IS TO PROMOTE, PRESERVE AND SHARE IRISH DANCE TRADITION THROUGH			

EDUCATION AND CHARITABLE PROGRAMMING.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TRISH SEWARD	11 CREST VIEW PORTSMOUTH, RI 02871 USA
TREASURER	ANDREW MEYER	3 SHIP ST UNIT 103 PROVIDENCE, RI 02903 USA
VICE PRESIDENT	JENNIFER KILLEEN	14 CROOKER PL HINGHAM, MA 02341 USA
DIRECTOR	JENNIFER KILLEEN	14 CROOKER PL HINGHAM, MA 02341 USA
DIRECTOR	ANTHONY FALLON	3 SHIP ST UNIT 103 PROVIDENCE, RI 02903 USA
DIRECTOR	TRISH SEWARD	11 CREST VIEW PORTSMOUTH, RI 02871 USA
DIRECTOR	ANDREW MEYER	3 SHIP ST UNIT 103 PROVIDENCE, RI 02903 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ANDREW MEYER 3 SHIP STREET, UNIT 103 PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of January, 2023 at 8:27:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANDREW L. MEYER

Signature of Authorized Person

Form No. 631 Revised 09/07

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