



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2023**

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.

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1. Entity ID Number 104619		2. Exact name of the Corporation East Providence Lions Charities Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Raising & distribution of funds for charitable purposes in the community			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address PO Box 14431			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wendy Wood-Hubbard			Vice-President Name Richard Primmer		
Street Address 73 Mamoch Drive			Street Address 140 Don Ave.		
City Seekonk	State MA	Zip 02771	City Rumford	State RI	Zip 02916
Secretary Name Michael Arruda			Treasurer Name David Kent		
Street Address 53 Bay View Ave.			Street Address 8 McGraw Court		
City Riverside	State RI	Zip 02915	City East Greenwich	State RI	Zip 02818
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 James Keegan			Director Name Carol Wood		
Street Address 3 Douglas Drive			Street Address 44 Benedict Street		
City Cumberland	State RI	Zip 02864	City Riverside	State RI	Zip 02915
Director Name Gordon Hubbard			Director Name Richard J. Wood		
Street Address 73 Mamoch Drive			Street Address 44 Benedict Street		
City Seekonk	State MA	Zip 02771	City Riverside	State RI	Zip 02915
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Richard J. Wood				Date February 13, 2023	
Signature of Officer/Authorized Representative <i>Richard J. Wood</i>					

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

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