RI SOS Filing Number: 202328633100 Date: 2/13/2023 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

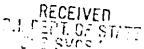
Annual Report for the year: Non-Profit Corporation

2023

→ 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	2. Exact name of the Corporation				
104619	East Providence Lions Charities Inc. FEB 13 P 12: 56				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	Raising & distribution of funds for charitable purposes in the community				
4. NAICS Code	1		• •	•	
813319 - Other Social Advoc					
6. Principal Office Address			City	State	Zip
PO Box 14431			East Providence	RI	02914
7. List ALL officers (names and add	dresses)			neck the box to indice	ate an attachment
President Name Wendy Wood-Hu	ubbard	·	Vice-President Name Richard Primmer		
Street Address 73 Marnoch 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 ad	ddresses). RI C	orporations MUST		neck the box to indica	ate an attachment
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 Marnoch Drive			Street Address 44 Benedict Street		
^{City} Seekonk	State MA	^{Zip} 02771	City Riverside	State RI	^{Zip} 02915
9. Registered Agent in Rhode Islan	d. This informatio	on is currently of reco	rd in the Department of State. Changes r	equire filing Form 64	1.
Under penalty of perjury, I declar statements, and that all stateme			ed this report, including any accord correct.	npanying schedu	les and
This report must be signed by either the Pres	sident, Vice-Presider	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Represen	tative, Receiver or Trus	tee.
Name of Officer/Authorized Repres	sentative		4	Date	
Richard J. Wood	<u> </u>		256	February 13	,2023
Signature of Offices/Authorized Representative FILED					
FED 1 9 2023					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY AURZS