



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**Non-Profit Corporation**

MAR 27 2023

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- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 26546		2. Exact name of the Corporation East Providence Council Knights of Columbus 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 <input type="checkbox"/>					
6. Principal Office Address 3200 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI	Zip 02915	
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 RICHARD SMITH		
Street Address 51 ROBIN HOOD DRIVE			Street Address 26 BROOKFIELD ROAD		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 STEVEN PERRY			Director Name		
Street Address 62 PLUM ROAD			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 3/24/23	
Signature of Officer/Authorized Representative <i>Ronald Andrade</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