



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 09 2023

BY

9115 DS

1. Entity ID Number 28256		2. Exact name of the Corporation Providence Council # 67 the Order under Commercial Traveler	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Monthy Meeting Contributions Special Olympics, Veterans, & others	
4. NAICS Code 624120 - Services for Elderly a <input type="checkbox"/>			
6. Principal Office Address 51 Tartaglia ST.		City Johnston	State R.I.
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Angle Goff		Vice-President Name Charles M Cavallaro	
Street Address 207 Webster Ave.		Street Address 6 Hebdeen St.	
City Providence	State R.I.	City Johnston	State R.I.
Zip 02909		Zip 02919	
Secretary Name Sandra LoBello		Treasurer Name Sandra LoBello	
Street Address 51 Tartaglia ST.		Street Address 51 Tartaglia St.	
City Johnston	State R.I.	City Johnston	State R.I.
Zip 02919		Zip 02919	
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 Helen Amatelli		Director Name Ethel Cavallaro	
Street Address 10 Aldrich Ave.		Street Address 6 Hebdeen St.	
City Cranston	State R.I.	City Johnston	State R.I.
Zip 02920		Zip 02919	
Director Name Joyce Pelletier		Director Name Ann Nancka	
Street Address 258 Windword Drive		Street Address 10 Aldrich Ave.	
City Somerset	State MA.	City Cranston	State R.I.
Zip 02726		Zip R.I.	
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 Sandra LoBello			Date 4/23/2023
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021