



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JUL 18 P 11:05

1. Entity ID Number 000509591	2. Exact name of the Corporation BRISTOL COUNTY LIONS CLUB FOUNDATION
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island CHARITABLE ORGANIZATION THAT RAISES FUNDS FOR COMMUNITY PROJECTS AND NEEDY INDIVIDUALS IN RHODE ISLAND
4. NAICS Code 813990	

6. Principal Office Address 50 BURLINGTON ST	City PROVIDENCE	State RI	Zip 02906
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name TOM CARROLL		Vice-President Name RONNA CABRAL	
Street Address 1172 HOPE STREET		Street Address 10 BASSWOOD DRIVE	
City BRISTOL	State RI	Zip 02809	City BRISTOL
State RI	Zip 02809	State RI	Zip 02809
Secretary Name CYNDI LARSEN		Treasurer Name STEVEN KROHN	
Street Address 525 HIGH MEADOW CT		Street Address 50 BURLINGTON STREET	
City BRISTOL	State RI	Zip 02809	City PROVIDENCE
State RI	Zip 02809	State RI	Zip 02906

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 JUDY CIUCIOLA		Director Name RICH ABRAMS	
Street Address 67 BURTUN ST		Street Address PO BOX 899	
City BRISTOL	State RI	Zip 02809	City BRISTOL
State RI	Zip 02809	State RI	Zip 02809
Director Name STEVEN KROHN		Director Name RONNA CABRAL	
Street Address 50 BURLINGTON ST		Street Address 10 BASSWOOD DR.	
City PROVIDENCE	State RI	Zip 02906	City BRISTOL
State RI	Zip 02906	State RI	Zip 02809

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

Name of Officer/Authorized Representative STEVEN KROHN	Date 7/16/23
Signature of Officer/Authorized Representative <i>Steven Krohn</i>	

WB FILED 405
JUL 18 2023
BY 127

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov