



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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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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 and distribution of funds for charitable purposes in the community.			
4. NAICS Code 813319					
6. Principal Office Address PO Box 14431		City East Providence	State RI	Zip 02914	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Wendy Wood-Hubbard			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 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 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. 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>					
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 <b>Richard J. Wood</b>				Date 2/21/2024	
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

FILED  
FEB 21 2024  
BY 1158 AA.

FORM 631- Revised: 12/2023