



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

JUN 10 PM 2:49

1. Entity ID Number <u>000027906</u>		2. Exact name of the Corporation <u>GLOCESTER LIONS CLUB, INC.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>CHARITY</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>P.O. BOX 236</u>		City <u>CHEPACHET</u>	State <u>RI</u> Zip <u>02814</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>ROBERT FEUTI</u>		Vice-President Name <u>JOSEPH RIVERS</u>	
Street Address <u>86 HILL ROAD</u>		Street Address <u>67 PLEASANT STREET</u>	
City <u>Thompson</u>	State <u>CT</u>	Zip <u>06277</u>	City <u>PASCOAG</u> State <u>RI</u> Zip <u>02814</u>
Secretary Name <u>GREGORY MELLOR</u>		Treasurer Name <u>LOUIS BABBIT</u>	
Street Address <u>P.O. BOX 236</u>		Street Address <u>P.O. BOX 236</u>	
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	City <u>Chepachet</u> State <u>RI</u> Zip <u>02814</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>MICHAEL MARTONE</u>		Director Name <u>RONALD MALO</u>	
Street Address <u>P.O. BOX 236</u>		Street Address <u>264 RESERVOIR ROAD</u>	
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	City <u>PASCOAG</u> State <u>RI</u> Zip <u>02859</u>
Director Name <u>CHRISTINE PARINELLO</u>		Director Name <u>WILLIAM KAPANAKIS</u>	
Street Address <u>88 LAKE VIEW DRIVE</u>		Street Address <u>16 TERRY LANE</u>	
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	City <u>Chepachet</u> State <u>RI</u> Zip <u>02814</u>
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 <u>ROLAND R. LACHAPELLE, CPA</u>			Date <u>5/16/24</u>
Signature of Officer/Authorized Representative <u>Roland R. Lachapelle, CPA</u>			FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY TWOX  
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FORM 63 Revised 12/2023