



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

Annual Report for the year: 2023  
Non-Profit Corporation

2024 JUN 10 PM 2:49

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

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

JUN 10 2024  
BY *TWO KY*  
AA. 2:51 PM.  
FORM 631- Revised: 12/2023