

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

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1. Corpogate ID No. 2. Name of Corporation BUARTER CENTURY CLUB OF NEWPORT COUNCIL #256 Knights of QLumbus		
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address RNULE ISLAND 60 HAISRY ST	NEWPORT 2100840	
5. Foreign corporation. Enter principal office address	City State Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island CHARITABLE AND FRATER NAL		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name WILLIAM I Champion II	Vice President Name DONALLE, CHAMPION	
Street Address 7 CLINTUN STREET	Street Address 17 STUCK FON Drive	
Newport RI Zip 02840	MINISTER STATE ODEY2	
secretary Name homas 6 Quellette	THOMAS J. O'MALLEY	
Street Address 7 Admiral Court	Street Address 46 Webster Street	
Middle town State RI Zip 02842	City Newport State RI 2102840	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS		
Director Name MICHARL A-O'Sullivan	Director Name STephen J. SAN Filippi	
Street Address 58 HAISEY Street	Street Address 28 BAYVIEW PAVK	
City Newport State RI Zip 02840	City Middle town State RE 21840	
Director Name MAVSHALL MICHARL-	Director Name	
Street Address 351/2 EALL AVENUP	Street Address	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Change	es require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78	
THOMAS GOURNATT	Address .	
address 60 H4/824 St	New port 240	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee		

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
FILED File Date	statements contained herein are true and correct May Dey 1/2//6
Check No. NOV 26 2008	Signature of Officer MUMAS J. O'MAllay Date
By By	Print or Type Name of Officer Servetava
FOR SECRETARY OF STATE USE ONLY	Title of Officer