



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2017
Non-Profit Corporation

2018 APR 25 AM 11:13

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000030985		2. Exact name of the Corporation Coventry Outdoor Men's Club	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Provide services to families in need-	
4. NAICS Code 624190			
6. Principal Office Address 30 Phillips Hill Road		City Coventry	State RI
		Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Wayne Lotito		Vice-President Name John Matthews	
Street Address 19 Coventry Drive		Street Address 1524 Victoria Highway	
City Coventry	State RI	City Greene	State RI
Zip 02816		Zip 02827	
Secretary Name Luis Rosa		Treasurer Name John Matthews	
Street Address 7 Viola St		Street Address 1524 Victoria Hwy	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02827	
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 Real Wood		Director Name Wayne Lotito	
Street Address 685 Hammet Road		Street Address 19 Coventry Drive	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Director Name Luis Rosa		Director Name	
Street Address 7 Viola Street		Street Address	
City Coventry	State RI	City	State
Zip 02816		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative John Matthews			Date 4-25-18
Signature of Officer/Authorized Representative <i>John Matthews</i>			FILED
SIGN DOCUMENT HERE APR 25 2018			

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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