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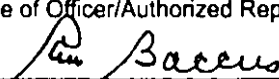


**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023

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.

1. Entity ID Number 000081932		2. Exact name of the Corporation R.I. STATE ELKS ASSOCIATION CHARITIES, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES.			
4. NAICS Code 813211					
6. Principal Office Address 1143 GREAT ROAD			City LINCOLN	State RI	Zip 02864
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name ARTHUR JACQUES			Vice-President Name DONNA WARNER		
Street Address 1143 GREAT ROAD			Street Address 1143 GREAT ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name LESLEY HALLECK			Treasurer Name RICK BACCUS		
Street Address 6 SOONER LANE			Street Address 311 WINDRIDGE LAND		
City COVENTRY	State RI	Zip 02816	City BRISTOL	State RI	Zip 02809
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 THOMAS KRAEMER			Director Name MARK EATON		
Street Address 11 SOUNDVIEW DRIVE			Street Address 1 ORMS STREET		
City PAWCATUCK	State CT	Zip 06379	City WARWICK	State RI	Zip 02889
Director Name EUGENE RAYNO			Director Name DICK DEVAULT		
Street Address 5 SCOTTY DRIVE			Street Address 14 ROSEVELT DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City BRISTOL	State RI	Zip 02809
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.					
<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 RICK BACCUS				Date 11/8/2023	
Signature of Officer/Authorized Representative 				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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