

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

148 W. River Street Rroptylence, 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. 2. Name of Corporation 1. Corporate ID No. 27185 Johnson & Wales University Club 4. Corporate address in Rhode Island - Street Address Zib 3. State of Incorporation Providence 02903 8 Abbott Park Place Rhode Island 5. Foreign corporation. Enter principal office address Citv State Zip6. Brief Description of the character of the affairs which are actually conducted in Rhode Island A University Club. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 

FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Thomas L.G. Dwyer John J. Bowen Street Address Street Address One Cookson Place, 6th Floor One Cookson Place, 6th Floor State  $Z_{iD}$ Zip 02903 RI RI 02903 Providence Providence Treasurer Name Secretary Name William McArdle Barbara L. Bennett Street Address Street Address 8 Abbott Park Place One Cookson Place, 6th Floor State ZipCity State Zip 02903 02903 Providence RI lRI Providence 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name John <u>A. Yena</u> John J. Bowen Street Address Street Address One Cookson Place, 6th Floor One Cookson Place, 6th Floor ZipRI 02903 02903 Providence RI Providence Director Name Director Name Thomas L.G. Dwyer Street Address Street Address Ñ One Cookson Place, 6th Floor State Zip City RI 02903 Providence 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED	
Check No.	JAN 21 2009	
Ву:	By 972	

27185

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and st statements contained herein are true and correct.	
Bart Sunt	1/16/07 Date
Signature of Officer	Dáte
Barbara L. Bennett	
Print or Type Name of Officer	
Secretary	
Title of Officer	

Form 631 Rev. 09/17