State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.*

1. Corporate ID No.	2. Name of Corporation		
29544	THE RHODE ISLAND CEILIDHE CLUB		
3. State of Incorporation	4. Corporate address in Rhode Island Street Address	City	Zip
RHODE ISLAND	30 AMERICA STREET	CRANSTON	02920-5003
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: TO PROMOTE AND PRESERVE IRISH CULTURE AND SOCIAL ENTERTAINMENT FOR ITS MEMBERS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
FRANCES MAGUIRE	MARGARET FLYNN
Street Address	Street Address
100 ARTHUR STREET - APT #420	47 MAPLECREST AVENUE
City / State / Zip	City / State / Zip
CRANSTON / R.I. / 02910	NO. PROVIDENCE / R.I. / 02911
Secretary Name	**Treasurer Name**
PAULA DODD	ELLEN RUEGLING
Street Address	Street Address
54 ALFRED AVENUE	31 BEAUMONT STREET
City / State / Zip	City / State / Zip
JOHNSTON / R.I. / 02919	RUMFORD / R.I. / 02916

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	Director Name
MEL LYNCH	JOHN ROACH
Street Address	Street Address
55 TASTRAM STREET	30 CATLIN AVENUE
City / State / Zip	City / State / Zip
PROVIDENCE / R.I. / 02908	RUMFORD / R.I. / 02916
Director Name	**Director Name**
VIRGINIA RYAN	VINCENT FLYNN
Street Address	Street Address
42 BARNEY STREET	47 MAPLECREST AVENUE
City / State / Zip	City / State / Zip
RUMFORD / R.I. / 02916	NO. PROVIDENCE / R.I. / 02911

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address
FRANCES MAGUIRE	
Address	City / Zip
30 AMERICA STREET	CRANSTON / 02920

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

[redacted] [redacted]

FILED
File Date: JUN 23 2008
Check No.: By 4373
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Ellen Ruegling — 20 June 08
Signature of Officer — *Date*

ELLEN RUEGLING
Print or Type Name of Officer

TREASURER
Title of Officer

[redacted]

Form 631 Rev. 12/06