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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 2009

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. 78605	*2. Name of Corporation* Les Dames Richelieu du RI		
3. State of Incorporation RI	*4. Corporate address in Rhode Island - Street Address* 7 Lapre Road	*City* N Smithfield	*Zip* 02896
*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 unite its members in a spirit of fraternity and charitable benevolence

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

President Name Lenore Rheaume			*Vice President Name* Louise Picard		
Street Address 367 Prospect St			*Street Address* 784 Pound Hill Road		
City Woonsocket	*State* RI	*Zip* 02895	*City* N Smithfield	*State* RI	*Zip* 02896
Secretary Name Jacqueline C Picard			*Treasurer Name* Ida Connolly		
Street Address 70 Hadde Avenue			*Street Address* 166 Vose St		
City Cumberland	*State* RI	*Zip* 02864	*City* Woonsocket	*State* RI	*Zip* 02895

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 Roxanne Menard			*Director Name* Gertrude Rheaume		
Street Address 625 Elder Ballou Meeting House Road			*Street Address* 368 Prospect Street		
City Woonsocket	*State* RI	*Zip* 02895	*City* Woonsocket	*State* RI	*Zip* 02895
Director Name Jea-ne d'Arc Clermont			*Director Name*		
Street Address 1650 Douglas Ave-Apt 3162			*Street Address*		
City N Providence	*State* RI	*Zip* 02904	*City*	*State*	*Zip*

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

FILED

File Date _____

Check No. JUL 08 2009

By: By 101

FOR SECRETARY OF STATE USE ONLY

35783-6-404580

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.

Ida Connolly — 6/30/09

Signature of Officer — *Date*

Ida Connolly

Print or Type Name of Officer

Treasurer

Title of Officer

Form 631 Rev. 09/17