



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. <b>26947</b>		2. Name of Corporation <b>IRISH-AMERICAN ATHLETIC CLUB</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>642 THAMES ST</b>		City <b>NEWPORT</b>	Zip <b>02840</b>
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 <b>SOCIAL INTERACTION FOR COMMON REASONS</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>DENNIS M. CROOKES SR</b>			Vice President Name <b>WILLIAM CONHENNY</b>		
Street Address <b>11 CAREY ST</b>			Street Address <b>459 UNION ST</b>		
City <b>NEWPORT</b>	State <b>R.I.</b>	Zip <b>02840</b>	City <b>PORTSMOUTH</b>	State <b>R.I.</b>	Zip <b>02871</b>
Secretary Name <b>CAROL A. CROOKES</b>			Treasurer Name <b>DENNIS M. CROOKES SR</b>		
Street Address <b>11 CAREY ST</b>			Street Address <b>11 CAREY ST</b>		
City <b>NEWPORT</b>	State <b>R.I.</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>R.I.</b>	Zip <b>02840</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 <b>DENNIS M. CROOKES SR.</b>			Director Name <b>PATRICK CROOKES</b>		
Street Address <b>11 CAREY ST.</b>			Street Address <b>13 CLINTON ST</b>		
City <b>NEWPORT</b>	State <b>R.I.</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>R.I.</b>	Zip <b>02840</b>
Director Name <b>WILLIAM CONHENNY</b>			Director Name		
Street Address <b>459 UNION ST.</b>			Street Address		
City <b>PORTSMOUTH</b>	State <b>R.I.</b>	Zip <b>02871</b>	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

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.

**Dennis M Crookes SR** 7/8/09  
Signature of Officer Date  
**DENNIS M CROOKES SR.**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer

File Date **FILED**  
Check No. **JUL 09 2009**  
By **4477**  
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