

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3010

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.

pending yee ny wa zenzo.						
1. Corporate ID No	2. Name of Corporation 2 DN 65					
109632	NORTH S	MITHFIELD ALL RANKS	CLUB			
3. State of Incorporation	a. Corporate a	ddress in Rhode Island - Street ,	Address	City	Zip	
RI	274 OLD (OXFORD ROAD		N. SMITHFIELD	02896	
5. Foreign corporation. Enter principal office address			City	State	ZΨ	
6 Brief Description of the chara	wter of the affairs wh	ich are actually conducted in R	hode Island			
CONDUCT SOCIAL AC	TIVITIES BENE	FITING MEMBERS, FAI	MILIES AND RETIREES OF T	HE 281 CCG ANG 282 CB0	CS.	
7. NAMES AND ADDRES	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [] FILL IN SPAC	ES BEFORE USING ATTACE	IMENTS	
President Name			Vice President Name			
MARK WILBUR			TROY THIBODEAU			
Street Address			Street Address			
30 DONALD POTTER	ROAD		34 SUNSET TERRA	ACE		
City	State	Zīp	CHy	State	Zip	
W. GREENWICH	RI	02817	CRANSTON	RI	02905	
Secretary Name			Treasurer Name			
DEB THIBODEAU			GEORGE BUTTS			
Street Address	_		Street Address			
34 SUNSET TERRACE			8 TERRANCE COURT			
Cttr	State	Zif)	City	State	Zψ	
CRANSTON	RI	02905	W. WARWICK	RI	02893	
			ATTACHMENT) FILL IN SPAC			
	CIORS OF A DC	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL N</u>	<u>OT BE LESS THAN THREE</u>	(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
PAMELA LEAHY Sirect Address			TIMOTHY KELLY			
			Street Address			
19 STERLING STREE			53 WEST STREET		T	
City	State	Zφ 00000	City	State	Zup	
PAWTUCKET Director Name	RI	02860	W. WARWICK	RI	02893	
Mark Wilton			Troy Thi	odeau-		
Street Address. Donald Potter Read			Street Address Sunset Terrale			
9. REGISTERED AGENT	R.T.	(5) \$17	Ciarstan	State RT	2φ 03905	
			of State Changes - serving fill 1	Form 641 B LC 1 2 / 12/2	7.70	
			of State. Changes require filing of			
This report in	nost be signed by	either the President, Vic-	e President, Secretary, Assistant	t Secretary, Treasurer, Receiv	ver or Trustee	

File Date _	FILED
Check No	NOV 2 3 2009
Ву:	By 134)
[in	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	
report, including any accompanying schedules and st statements contained herein all true and correct.	atements, and that al.
V abanch Cathuhyorail	Shorce
Signature of Officer	Date
DEB THIBODEAU_	
Print or Type Name of Officer	
SECRETARY	
Title of Officer	