

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

Providence, RI 02904-2615 401.222.3040

NCN-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. 29309	2. Name of Corporation PAWTUCKET	COUNTRY CL	UB	· · · · · ·	****	
3. State of Incorporation	4. Corporate addréss in R	bode Island - Street Address	,	City 1	Zip . O.C.	
K.I.	900 ARMI	STICE BLVd	<u></u> .	Pawticket	02861	
5. Foreign corporation. Enter principal office address			City	State	Zip	
			1			
6. Bryef Description of the character of the affairs which are actually conducted in Rhode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Joseph S. Gendres			WILLIAM A. Cheetham			
Street Address 50 ROCK WAY			Street Address CAROILL St.			
EA GREENWICH	State RI	02818	Cumberland	State RD	02864	
Secretary Name RUBURT P. COPTIBAN			Treasurer Name TAUL L. GIRARD			
12 HUNTINGTON DRIVE			Street Address Ridge DRIVE			
Rumford	State RD	02916	NARRAGANS-tt	State R.D	82882	
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 ANTON X FAFORd			DANIEL POWERS			
Street Address			Street Address			
795 So. Street #3			24 Emerald KANE			
WRENTHAM	State MA	02093	Attleboro	State MA	2102703	
John I LUNG			Nicholas Matock,			
Siree Address Seba Kent ROAd			Street Address 500 MENDON ROAD			
PAWTUCKET 9. REGISTERED AGENT IN	State R D RHODE ISLAND	²¹⁰ 02861	Compensand	State R.O	ZIP 02864	
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	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File DateMAY 26 2010	statements contained herein are true and correct. 5/25/10 Signature of Officer Date
Check No. BY	PAUL L. GIRARD Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	TREASURER Title of Officer Form 631 Rev. 09/17