

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

penalty fee of \$25.00.	The production of and (N.I. G.L. 7-0-91) is subject to a
1 Corporate 1D No. 2. Name of Corporation word Road	Social Club
Rhade Island 1421 Mineral S	Pring Avenue Worth Prov 02904
5. Foreign corporation. Enter principal office address  6. Brief December of the least of the le	City State Zip
Place where members med to sec. cutings, and charitable events.	lize, organize functions, such as parties
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH. President Name	MENT)  FILL IN SPACES BEFORE USING ATTACHMENTS
Paul Falso	havey Chine
Street Address 11 Cova Street City State	Street Address 460 Charles Street
North Prov. State C2911	City Prov. State RI Zip 02904
Joanne Chy	Treasurer Name Paul Falso
554 Woodward Road Agt. 2	Street Address 11 Cong Street
Worth Proud MateRI 02904 8. NAMES AND ADDRESSES OF THE DIRECTORS ("Y" ROY FOR AVELO	Douth Prov. State RI 02911
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) C	HMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23
Joseph Pomposelli Jr.	Director Name  Roy Van Wart
17 thme Street	1280 Douglas Avenue.
North Prov. SIRI Director Name	Borthbou. RI. U2904
Richard Quetta	Director Name Ray Labelle
495 Woodward Road	735 Woodward Road
North Proise RI O2904 9. REGISTERED AGENT IN RHODE ISLAND	North Prou RI 02904
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	

FICEDA	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date JUN 2 3 2010	statements contained herein are true and correct.  Signature of Officer  Signature of Officer
Check No.  By: 4330	Print or Type Name of Officer  PCE Side in t
FOR SECRETARY OF STATE USE ONLY	Title of Officer