



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 60960		2. Name of Corporation OCEAN STATE SHURTHAIR CLUB	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 137 PETTACONSETT AVE	
		City WARWICK	Zip 02888
5. Foreign corporation. Enter principal office address		City	State
6. Brief 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name PATRICIA STRAUSS		Vice President Name ELIZABETH BICKFORD	
Street Address 83 WILBUR AVE		Street Address 6 WEST SHORE DRIVE	
City CRANSTON	State RI	Zip 02920	City COVENTRY
Secretary Name JANE PERKINS		Treasurer Name JANE PERKINS	
Street Address 137 PETTACONSETT AVE		Street Address 137 PETTACONSETT AVE	
City WARWICK	State RI	Zip 02888	City WARWICK
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 PAMELA SCUNGIO		Director Name DEBORAH COTE	
Street Address 4 ENDICOTT ST.		Street Address 128 GROVE ST.	
City CRANSTON	State RI	Zip 02910	City WOONSOCKET
Director Name KENNETH STAPLES		Director Name JAMES COTE	
Street Address 123 WILLOW ST.		Street Address 128 GROVE ST.	
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET
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 JUL 22 2010
 Check No. BY 230
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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.

Jane F Perkins 7-20-10
 Signature of Officer Date
JANE F. PERKINS
 Print or Type Name of Officer
SECRETARY - TREASURER
 Title of Officer