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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 2011

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.	2. Name of Corporation		
29438	GFWC PAWTUCKET WOMAN'S CLUB		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	283 BLOOMFIELD ST	PAWTUCKET	02861
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

CHARITABLE ORGANIZATION

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
RUTH BENNETT	20 FRANCES AVE	PAWTUCKET	RI	02860
Vice President Name	**Street Address**	**City**	**State**	**Zip**
ESTER REUTER	196 OLD RIVER RD, APT 614	LINCOLN	RI	02865
Secretary Name	**Street Address**	**City**	**State**	**Zip**
DORIS LANDRY	20 FRANCES AVE	PAWTUCKET	RI	02860
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
MONIQUE T. RENAUD	283 BLOOMFIELD ST	PAWTUCKET	RI	02861

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	Street Address	City	State	Zip
RITA COLLINS	29 VISTA DR	LINCOLN	RI	02865
Director Name	**Street Address**	**City**	**State**	**Zip**
IRENE BATASTINI	457 RIVER RD	LINCOLN	RI	02865
Director Name	**Street Address**	**City**	**State**	**Zip**
MARY ANN DESJARLAIS	16 MAIN ST	RIVERSIDE	RI	02916
Director Name	**Street Address**	**City**	**State**	**Zip**
BARBARA HURLEY	14 LONGLEY CT	PAWTUCKET	RI	02860

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

[redacted] 29438 [redacted]

FILED

File Date MAY 26 2011

Check No. 1705

By: BY

FOR SECRETARY OF STATE USE ONLY

63400-3-616041

[redacted]

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.

Monique T Renaud 05/27/11
Signature of Officer *Date*

MONIQUE T. RENAUD
Print or Type Name of Officer

Treasurer
Title of Officer

Form 631 Rev. 09/17