

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
2011
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 BLOO	MFIELD ST		PAWTUCKET	02861	
5. Poreign corporation. Enter p	principal office addre	320	City	State	Zip	
					~7	
6. Brief Description of the charac	ter of the affairs whic	ch are actually conducted in R	bode Island			
CHARITABLE ORGANIZ	'ATION					
7. NAMES AND ADDRESS	SES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [] FILL IN SPAC	CES BEFORE HSING ATTAC	HMENTS	
President Name			Vice President Name		211/11/1413	
RUTH BENNETT			ESTER REUTER			
Street Address			Street Address			
20 FRANCES AVE			196 OLD RIVER RE	D, APT 614		
City	State	Zψ	City	State	Zip	
PAWTUCKET	RI	02860	LINCOLN	RI	02865	
Secretary Name			Treasurer Name			
DORIS LANDRY			MONIQUE T. RENAUD			
Street Address			Street Address			
20 FRANCES AVE			283 BLOOMFIELD ST			
City	State	Zφ	City	State	Zip	
PAWTUCKET	RI	02860	PAWTUCKET	RI	02861	
5. NAMES AND ADDRESS	ES OF THE DIR	LECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	CES BEFORE USING ATTAC	HMENTS	
THE NUMBER OF DIRECTOR Name	TORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL</u>	NOT BE LESS THAN THRE	<u>E</u> (3). R.I.G.L. 7-6-23	
			Director Name			
RITA COLLINS			IRENE BATASTINI			
Street Address			Street Address			
29 VISTA DR			457 RIVER RD			
City	State	Zip	City	State	Zip	
LINCOLN	RI	02865	LINCOLN	RI	02865	
Director Name MARY ANN DESJARL	AIS		Director Name BARBARA HURLEY			
Street Address			Street Address			
16 MAIN ST			14 LONGLEY CT			
City:	State	Zip	City	State	Zip	
RIVERSIDE	RI	02916	PAWTUCKET	RI	02860	
9. REGISTERED AGENT II	N RHODE ISLAM	ND		1 * **	, 32000	
This information is currently	y of record in the	Office of the Secretary of	of State. Changes require filing of	Form 641 - R.I.G.L. 7-6-13/	7-6-78	
This report mu	st be signed by	either the President, Vic	e President, Secretary, Assistan	t Secretary, Treasurer, Recei	ver or Trustee	

	FILED	
File Date _		
	MAY 2 6 2011	
Check No		
_ BY	//05	
Ну.:		
F	OR SECRETARY OF STATE USE ON	LY

29438

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 rue and correct. Signature of Officer Date
Signature of Officer MANTAUE T, RENAUD Print or Type Name of Officer
Treasurer
Title of Officer Form 631 Rev. 09/17