

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 401.222.3040 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

penaity fee of \$25.00.						
1. Corporate 1D No.	2. Name of Cor	2. Name of Corporation				
114122	GFWC Bris	stol County Women's Cl	ub			
3. State of Incorporation	4. Corporate aa	4. Corporate address in Rhode Island - Street Address			Zip	
Rhode Island	185 Laurel	Avenue		Providence	02906	
5. Foreign corporation. Enter principal office address			Сйу	State	Zip	
6 Paint Description of the char	master of the officion whi		0. 1.1. 1	l		
		ch are actually conducted in R	pode istana			
Community Service Pro	ojects					
7. NAMES AND ADDRE	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [ FILL IN SPA	ACES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Sandra Pannone						
Street Address		<del>-</del> ,,	Street Address			
37 Brow Street						
City	State	Zip	City	State	Zip	
Barrington	RI	02806				
Secretary Name			Treasurer Name			
Alexandra Hahn			Janice Adler			
Street Address			Street Address	Street Address		
31 Sharon Street			185 Laurel Avenue	9		
City	State	Zip	City	State	Zip	
Providence	RI	02908	Providence	Ri	02906	
			ATTACHMENT) TILL IN SP			
	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	L NOT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Amy Herlihy			Lee Ann Pannone	Lee Ann Pannone		
Street Address			Street Address			
88 Markwood Drive		<u> </u>	661 Metacom Ave	nue #16		
City	State	Zip	City	State	Zip	
Barrington	RI	02806	Bristol	RI	02809	
Director Name			Director Name			
Joyce Speaker	w.		Patricia McKenna	<u> </u>	•	
Street Address			Street Address			
136 Upland Way	T-		8 Deerfield Drive			
City	State	Zίρ	City	State	Zip	
Barrington	RI	02806	Barrington	RI	02806	
9. REGISTERED AGENT	IN KHODE ISLA.	ND				
This information is curren	ntly of record in th	e Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78	
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This report	must be signed by	either the President, Vic	ee President, Secretary, Assist	ant Secretary, Treasurer, Rea	ceiver or Trustee	

■ 114122	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	statements contained herein are true and correct.  Signature of Officer  Date
By:	Print or Type Name of Officer  The Super  Title of Officer