

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 201.

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.	, g ,g ,	was support within the time of	preservoice by allo (R.I.O.L. 7	-0-21) is survjett to 4
1. Corporate 1D No. 2. Name of Corpo Woodw	and Road Socia	al Club		
Rhode Foland 11421 P	1111 X V V V V V V V V V V V V V V V V V	ing Avenue	Warth Prac	02904
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 Place where members meet to socialize, organize functions, such as Parties outings, and charitable events.				
7. NAMES AND ADDRESSES OF THE OFF	ICERS: ("X" BOX FOR ATTACI	MENT) [] FILL IN SPACES	BEFORE USING ATTACE	IMENTS
President Name Paul Falso	Larry Counchine			
Street Address 11 Cora Street City State			les Street	
North Prou RI	02911	Prov.	State R I	21p
Joanne Chu		Treasura Name		
street Address 554 Woodward Road	Apt. 2	Street Address	treet	
North Prov RI	02904	Worth Prov	State RI	Zip 02911
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 (2). BLC 1.76.22				
Director Name		Director Name	<u>C BE LESS THAN THREE</u>	(3). R.I.G.L. 7-6-23
Lawrence James	Wells	Joseph You	Leasell Ju	•
1186 Pouglas Ave.		Street Address 17 Homes Street		
Worth Prov. State RI	02904	Borth Prov.	State R. I	<sup>Zip</sup> のみら04
Richard Quetta		Ray Labelle		
Street Address Woodward	Logd	Street Address Wood	ward Roge	l
State Prou State I T 9. REGISTERED AGENT IN RHODE ISLAND	52904	North Prec	State	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 e	ther the President. Vice Pres	ident Secretary Assistant Se	ectetary Treasurer Receiv	ier or Trustee

	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.
Check No. JUL 2 6 2011	Signature of Officer  Paul Falso
By: <b>BY</b>	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer
	Form 631 Rev. 09/17