

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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 penalty fee of \$25.00.

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1. Corporate ID No. 2. Name of Corporation Control of Corporation						
OOOO46309 FRIENDLY SONS OF NEWPORT SOCIA CLUB 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City Zip						
R.T.		WELL STRE	T <u>.</u>	NEWPORT	07840	
5. Foreign corporation. Enter prine	cipal office address		City N/A	State N/A	Zip N/A	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
OPERATION OF SOCIAL QUB						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name Davio MANNING			Vice President Name RONALD NALLE			
29 D Chape STREET			72 BenlowAvenue			
NEWPORT	State T.	05840	NEWPORT	State R. I.	02840	
Secretary Name JOHN CROW EV			Treasurer Name DECEASED NONE			
Street Address 113 VAN ZANDT AVENUE			Street Address			
NEWPORT	State R.T.	^{Zip} 02840	City	State	Zip	
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						
Davio Manning			RONALD NALLE			
Street Address			Street Address			
29 D Chapel STREET			22 BEDIOW AYENDE			
NEWPORT	State R.T.	09840	NEWPORT	State R. I	07820	
John CROIN	vley		Director Name			
Street Address VAN ZANDTAYENUE			Street Address			
NEW PORT 9. REGISTERED AGENT IN	State RT	02840	City	State	Zip	
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						
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	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 therein are true and correct.
Check No Ry 5890	Davin MANNING Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17