



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 27894		2. Exact name of the Corporation KIWANIS CLUB OF PAWTUCKET			
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address 84 KING PHILIP RD		City PAWTUCKET	Zip 02861
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island SERVICE CLUB BENEFITING LOCAL YOUTH AND AREA CHARITIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ALFRED P DELPAPE			Vice-President Name ROLAND C MOUSSALLY		
Street Address 96 MOHAWK DRIVE			Street Address 15 YALE AVENUE		
City SEEKONK	State MA	Zip 02771	City PAWTUCKET	State RI	Zip 02860
Secretary Name ROLAND C MOUSSALLY			Treasurer Name JOHN A SABATINI		
Street Address 15 YALE AVENUE			Street Address 84 KING PHILIP RD		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS) (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ALFRED P DELPAPE			Director Name JOHN A SABATINI		
Street Address 96 MOHAWK DRIVE			Street Address 84 KING PHILIP RD		
City SEEKONK	State MA	Zip 02771	City PAWTUCKET	State RI	Zip 02861
Director Name ROLAND C MOUSSALLY			Director Name		
Street Address 15 YALE AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 MAY 02 2012  
 BY 169798  
 PS

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.

Signature of Officer: Alfred P. DelPape Date: 5-1-12  
 Print or Type Name of Officer: ALFRED P. DELPAPE  
 Title of Officer: PRES

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
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