



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 2010

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) (CHECK 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 MA	Zip 02771	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 02860	State RI	Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS) (CHECK 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 MA	Zip 02771	State RI	Zip 02860
Director Name ROLAND C MOUSSALLY		Director Name	
Street Address 15 YALE AVENUE		Street Address	
City PAWTUCKET	State RI	Zip 02860	City
State RI	Zip 02860	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
DJ

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.

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

SECRETARY OF STATE
 CORPORATIONS DIV