



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. 27302		2. Exact name of the Corporation The Jamestown Women's Club of Rhode Island, Inc.			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island to raise funds to support local groups and individuals			
5. Principal office address 45 Pemberton Avenue, PO Box 412			City Jamestown	State RI	Zip 02835
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Muriel Munro			Vice-President Name Samra Pease		
Street Address 27 Granville Ct			Street Address 29 Maple Ave		
City Wakefield	State RI	Zip 02879	City Jamestown	State RI	Zip 02835
Secretary Name Cynthia Smith			Treasurer Name Jan Washburn		
Street Address 58 Pennsylvania Ave			Street Address 34 Southwest Ave		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michelle Smith			Director Name Janet Smith		
Street Address 1258 North Rd			Street Address 464 Beacon Ave		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Joann Metcalf			Director Name		
Street Address 947 East Shore Rd			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
8. 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 _____

FILED

Check No _____

By: _____

MAY 29 2013

FOR SECRETARY OF STATE USE ONLY
BY _____

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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.

Cynthia Smith

5-23-2013

Signature of Officer

Date

Cynthia Smith

Print or Type Name of Officer

Secretary

Title of Officer