



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
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.

1. Corporate ID No. 000028628	2. Name of Corporation Old Fiddlers' Club of Rhode Island		
3. Date of Incorporation RT.	4. Corporate address in Rhode Island - Street Address 23 Milton Ave.		City N. Smithfield
			Zip 02895
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
Playing old time music for grange, Church, Fairs, etc.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

8. President Name Saul Ahola			9. Vice President Name Paula Wheeler		
10. Address 88 Butts Rd			11. Street Address 15 Stephen Hopkins Rd.		
City Woodstock	State CT.	Zip 06281	City Foster	State RI.	Zip 02825
12. Secretary Name Joan Sinder			13. Treasurer Name William J. LeBlanc		
14. Address 311 North St.			15. Street Address 23 Milton Ave.		
City Willimantic	State CT.	Zip 06226	City N. Smithfield	State RI.	Zip 02895

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

9. NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

10. Director Name Bernice H. Pacitto			11. Director Name Alan Filo		
12. Address 137 Burlingame Rd.			13. Street Address 25 Filo Rd.		
City Dayville	State CT.	Zip 06239	City Duley	State MA.	Zip 01571
14. Director Name Barbara Neal			15. Director Name		
16. Address 232 Beecher Rd.			17. Street Address		
City Brookln	State CT.	Zip 06234	City	State	Zip

18. If the corporation 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 either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
 JUN 04 2013
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 Date _____ BY _____
 File No. _____
 FOR SECRETARY OF STATE USE ONLY

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: William J. LeBlanc
 Date: 6/4/13
 Print or Type Name of Officer: William J. LeBlanc
 Title of Officer: Treasurer