



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. 55651		2. Exact name of the Corporation R & W Community Club	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Activities not prohibited by law, which shall promote encourage social, fraternal, community activities	
5. Principal office address 531 Prairie Ave		City Prov	State RI Zip 02905
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Nigel Hope		Vice-President Name Bruce Parker	
Street Address 112 Munay St #3		Street Address 62 Berlin St	
City Prov	State RI Zip 02909	City Prov	State RI Zip 02908
Secretary Name Avalon LeVigne		Treasurer Name Rossana Ferrandini	
Street Address 172 Olthoa St		Street Address 22 Oak St	
City Prov	State RI Zip 02907	City Prov	State RI Zip 02908
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 Moses Lilly		Director Name Sandra Perry	
Street Address 121 Becket St		Street Address 103 Roma St Prov.	
City Prov	State RI Zip 02907	City Prov	State RI Zip 02904
Director Name Monica Marshall		Director Name Terrence Lopez	
Street Address 14 Blonck St		Street Address 35 Lexington Ave	
City Prov.	State RI Zip 02908	City Prov.	State RI Zip 02907
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
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED 1015

JUL 01 2013

BY 02-200651

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

Date

Print or Type Name of Officer

Title of Officer