



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. 26058		2. Exact name of the Corporation Agawam Hunt			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Social Club			
5. Principal office address 15 Roger Williams Avenue		City East Providence		State RI	Zip 02916
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Tina Benik			Vice-President Name None.		
Street Address 103 Lloyd Avenue			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name James R. Wilson			Treasurer Name Edgar B. Thomsen, Jr.		
Street Address 70 Spencer Avenue			Street Address 50 Berwick Place		
City East Greenwich	State RI	Zip 02818	City Rumford	State RI	Zip 02916
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Tina Benik			Director Name Andrew C. Carlin		
Street Address 103 Lloyd Avenue			Street Address 97 Parade Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02909
Director Name John Farber			Director Name Wallace B. Gernt, Jr.		
Street Address 105 Freeman Parkway			Street Address 14 Wingate Road		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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

FILED

JUL 12 2013

File Date _____

Check No. _____

By: _____

BY *JMD*

FOR SECRETARY OF STATE USE ONLY *29-201395*

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.

E B Thomsen Signature of Officer Date **6/19/13**

EDGAR B. THOMSEN JR Print or Type Name of Officer

TREASURER Title of Officer

2013 JUL 12 PM 12:21
 SECRETARY OF STATE
 CORPORATIONS DIV