



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. <u>000027785</u>		2. Exact name of the Corporation <u>CARFIELD SOCIAL CLUB</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>SOCIAL EVENTS-CHARITY FUNDING-SPORTS FUNDING</u>	
5. Principal office address <u>11 HUNT STREET</u>		City <u>CENTRAL FALLS</u>	State <u>R.I.</u>
		Zip <u>02863</u>	
President Name <u>MICHAEL CITY</u>		Vice-President Name <u>JOSEPH BUZZI</u>	
Street Address <u>74 MICHIGAN STREET</u>		Street Address <u>17 BEACHWOOD DRIVE</u>	
City <u>PAWTUCKET</u>	State <u>R.I.</u>	City <u>CUMBERLAND</u>	State <u>R.I.</u>
	Zip <u>02863</u>		Zip <u>02864</u>
Secretary Name <u>DEMS CONSTANTINEAU</u>		Treasurer Name <u>FERNANDO A. ANDRADE</u>	
Street Address <u>466 HUNT ST APT 603</u>		Street Address <u>72 BUTLER AVENUE</u>	
City <u>CENTRAL FALLS</u>	State <u>R.I.</u>	City <u>CENTRAL FALLS</u>	State <u>R.I.</u>
	Zip <u>02863</u>		Zip <u>02863</u>
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 <u>JOHN DONAHUE</u>		Director Name <u>MATT BAYNALL</u>	
Street Address <u>396 LAUREL HILL AVE</u>		Street Address <u>60 STIBLING DR</u>	
City <u>BRISTOL</u>	State <u>R.I.</u>	City <u>N SCITATE</u>	State <u>R.I.</u>
	Zip <u>02920</u>		Zip <u>02857</u>
Director Name <u>JOHN KILEY</u>		Director Name <u>WALTER LUBERA</u>	
Street Address <u>21 SAYLES HILL RD</u>		Street Address <u>12 LIVINGSTON ST</u>	
City <u>PROVIDENCE</u>	State <u>R.I.</u>	City <u>LINCOLN</u>	State <u>R.I.</u>
	Zip <u>02838</u>		Zip <u>02865</u>
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

AUG 30 2013

Form No. 631
Revised: 05/2012

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.

Fernando A. Andrade 8/27/13
Signature of Officer Date

FERNANDO A. ANDRADE
Print or Type Name of Officer

TREASURER
Title of Officer

By mme
CR #3583