



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

By MME
CR # 3583

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