



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In 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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000027004

2. Name of Corporation Italian Workingmen's Club Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 947 DIAMOND HILL ROAD

City or Town: WOONSOCKET

State: RI Zip: 02895 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

FRATERNAL ORGANIZATION SERVING OUR COMMUNITY AND THE STATE OF R.I.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK ZAGAGLIA	189 LINCOLN STREET BLACKSTONE, MA 01504 USA
TREASURER	DENIS R JARRY	185 ST AGNES AVE WOONSOCKET, RI 02895 USA
VICE PRESIDENT	GORDON MCCLURE	62 DOE CROSSING DR

		PASCOAG, RI 02859 USA
DIRECTOR	STEVE CANASRARI	DEWEY STREET WOONSOCKET, RI 02895 USA
DIRECTOR	RYAN ZAGAGLIA	189 LINCOLN STREET BLACKSTONE, MA 01504 USA
DIRECTOR	ELMO GENTILE	29 TAFT RD WOONSOCKET, RI 02895 USA
DIRECTOR	MIKE KIND	P.O. BOX WOONSOCKET, RI 02895 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARK ZAGAGLIA 947 DIAMOND HILL AVENUE WOONSOCKET , RI 02895

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of May, 2014 at 7:17:41 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DENIS R JARRY
Signature of Authorized Person

Form No. 631
Revised 09/07