

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

2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.	2. Exact na	2. Exact name of the Corporation				
38585	The Pott	The Pottery and Porcelain Club, Inc.				
3. State of Incorporation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
	Club dev	Club devoted to the study of porcelain which sponsors lectures on porcelain open to				
Rhode Island	the publ	lc			•	
5. Principal office address	, <u> </u>		City	State	Zip	
c/o Marguerite Schnepel, 109 Transit Street			Providence	RI	02906	
are many decision of the	ropo, roo rrain		J. 1001100		0000	
President Name		,	Vice-President Name			
Mrs. John Reeder (Jane)			Mrs. John Ennis (Melody)			
Street Address			Street Address			
51 Barnes Street			166 Elsie Street			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Cranston	Ri	02910	
Secretary Name			Treasurer Name			
Mrs. Paul Sapir (Sylvia)			Mrs. George Gordon (Diane)			
Street Address			Street Address			
112 Prospect Street			395 Benefist Street #3			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Providence	RI	02903	
Director Name			Director Name			
Mrs. John Reeder (Jane)			Mrs. John Ennis (Melody)			
Street Address			Street Address			
51 Barnes Street			166 Elsle Street			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Cranston	RI	02910	
Director Name			Director Name			
Mrs. Paul Sapir (Sylvia)			Mrs. George Gordon (Diane)			
Street Address			Street Address			
112 Prospect Street		·	395 Benefit Street #3			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Providence	Ri	02903	

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

FILED

JUN 0 2, 2014

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.

ignature of Officer or Authorized Representative

Diane M. Gordon Treasure

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014