RI SOS Filing Number: 201440336140 Date: 06/03/2014 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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 name of the Corporation		
27584	KIWANIS CLUB OF PAWTUCKET		
3. State of Incorporation: R.I.	4. Corporate Address in RI - Street Address: 84 KING PHILIP RD	City: PAWTUCKET	Zip: RI 02861
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief description of the character of business conducted in Rhode Island: SERVICE CLUB BENEFITING LOCAL YOUTH AND AREA CHARITIES			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
ALFRED P. DELPAPE	96 MOHAWK DRIVE	SEEKONK	MA	02771

Vice-President Name	Street Address	City	State	Zip
ROLAND C. MOUSSALLY	15 YALE AVE	PAWTUCKET	RI	02860

Secretary Name	Street Address	City	State	Zip
ROLAND C. MOUSSALLY	15 YALE AVE	PAWTUCKET	RI	02860

Treasurer Name	Street Address	City	State	Zip
JOHN A. SABATINI	84 KING PHILIP RD	PAWTUCKET	RI	02861

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
ALFRED P. DELPAPE	96 MOHAWK DRIVE	SEEKONK	MA	02771

Director Name	Street Address	City	State	Zip
JOHN A. SABATINI	84 KING PHILIP RD	PAWTUCKET	RI	02861

Director Name	Street Address	City	State	Zip
ROLAND C. MOUSSALLY	15 YALE AVE.	PAWTUCKET	RI	02860

Director Name	Street Address	City	State	Zip

9. 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
JUN 03 2014
BY 1434

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.

John A. Sabatini 6-1-14
Signature of Officer Date

JOHN A. SABATINI
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised 07/2012
107187-1-1961953