

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 • FAII	LURE TO FILE I	HIS REPORT BY J	ULY 30 WILL RE	SULT IN A \$25.00	PENALTY	FEE.
1, Entity ID No.	2. Exact name of	the Corporation		- 1	-	
27584	i	is Club o	*.	いっとかきす		
3. State of Incorporation	4. Corporate Adde	ress in RI - Street Add	ress	AWTU	CKST	Zip Zoz
5. Foreign corporation. Enter prin	cipal office address	5	City		State	Zip
6. Brief description of the charact	er of business cond よどんと	ducted in Rhode Island ・ノアノル く	100AL YO	UTH AND	AKEA	CHAKITIES
7. LIST ALL OFFICERS (NAME	S AND ADDRESSI	S) ("X" BOX FOR AT	TACHMENT)			a Armen i Com
President Name ALFRED P. DE	CPAPE		Vice-President N		SSAL	<u> </u>
Street Address 96 Mol4 Aw k	Derve	• • • • • • • • • • • • • • • • • • •	Street Address	VACE 1	9 VE	
See Konk	State 7 A	Zip ひ2771	PAWT	しくんこ	State	OZ866
Secretary Name RoLAND 2. 70	JS 54 LL)	/	Treasurer Name	A. SA	BATI	19
Street Address	AVE .		Street Address	NG PHI	LIP Y	SD
PAWNCHET	State	0 2860	City	Tucher	State	
B. LIST <u>ALL</u> DIRECTORS (NAM O''' BOX FOR ATTACHMENT,	ES AND ADDRESS		CORPORATION	S <u>MUST</u> LIST NO L	ESS THAN TI	HREE (3) DIRECTORS
Director Name ALFLED P. J	ELPAP	Ē	Director Name	NA.SA	ABAT.	(۱۸۰)
Street Address 96 MoHAW	K DRIV		Street Address	TINE PH	1/4/	RD
SEEHONK	State A	^{Zip} のよフフ/	City Pau	TUCKET	State	28C1
Director Name ROLAND C - 1	7008540		Director Name			
Street Address ALE	AUE.		Street Address	,		
PAWTUCKET		02860	City		State	Zip
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This information is currently of	record in the Offic	e of the Secretary of	State. Changes r	equire filing Form (641.	
This report must be sig	ned by either the F	President, Vice-Preside	ent, Secretary, Assi	stant Secretary, Trea	asurer, Receive	er or Trustee
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File Date	FILED	this/report, including any accompanying schedules and statem and that all statements contained herein are true and correct.	ients,
Check No	JUN 0 3 2014	Signature of Officer Date	1-14
Ву:	11/21/	JOHNA SABATIN'	
FOR SECRETARY OF STATE USE ON LY		Print or Type Name of Officer	
Form No. 631		TREASUREN	