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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
799532	IRISH COASTAL CLUB
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	THE PURPOSE OF THE IRISH COASTAL CLUB IS TO PROMOTE, FOSTER, DISSEMINATE AND PROMULGATE KNOWLEDGE, INFORMATION AND UNDERSTANDING OF IRISH CULTURE.

5. Principal office address	City	State	Zip
4 ELM STREET P.O.BOX 1881	WESTERLY	RI	02891

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

President Name	Street Address	City	State	Zip
JANEANN QUAEDVLIEG	3 SEAGULL ROAD	WESTERLY	RI	02891

Vice-President Name	Street Address	City	State	Zip
EILEEN MOSTELLER	7 DIXON STREET	WESTERLY	RI	02891

Secretary Name	Street Address	City	State	Zip
MICHELLE MADDEN	69 MARY HALL ROAD	PAWCATUCK	CT	06379

Treasurer Name	Street Address	City	State	Zip
CHRIS LAWLOR	8 BUCKS TRAIL	WESTERLY	RI	02891

7. 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
JANEANN QUAEDVLIEG	3 SEAGULL ROAD	WESTERLY	RI	02891

Director Name	Street Address	City	State	Zip
EILEEN MOSTELLER	7 DIXON STREET	WESTERLY	RI	02891

Director Name	Street Address	City	State	Zip
MICHELLE MADDEN	69 MARY HALL ROAD	PAWCATUCK	CT	06379

Director Name	Street Address	City	State	Zip
CHRIS LAWLOR	8 BUCKS TRAIL	WESTERLY	RI	02891

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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 06 2014
BY 1033

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.

Janeann Quaedvlieg 6/4/14
Signature of Officer or Authorized Representative Date

JANEANN QUAEDVLIEG
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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