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. 38614	2. Exact name of the Corporation LE CLUB ARAM POTHIER DE WOONSOCKET
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island FRENCH ETHNIC GROUP THAT DOES GOOD WORKS

5. Principal office address	City	State	Zip
784 POUND HILL Rd.	NO. SMITHFIELD	RI	02896

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

President Name: TRUDY LAMOUREUX			Vice-President Name: CRAIG LACOUTURE		
Street Address: 368 PROSPECT St.			Street Address: 127 CARRINGTON AVE		
City: WOONSOCKET	State: RI	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895
Secretary Name: PAUL PAPINEAU			Treasurer Name: JEAN PICARD		
Street Address: 63 PINE CREST DRIVE			Street Address: 784 POUND HILL Rd.		
City: WOONSOCKET	State: RI	Zip: 02895	City: NO-SMITHFIELD	State: RI	Zip: 02896

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

Director Name: PIERRE RONDEAU			Director Name: IDA CONNOLLY		
Street Address: 1 SOCIAL St.			Street Address: 55 VOSE		
City: WOONSOCKET	State: RI	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895
Director Name: JEAN LEO RIENDEAU			Director Name:		
Street Address: WINTHROP St.			Street Address:		
City: WOONSOCKET	State: RI	Zip: 02895	City:	State:	Zip:

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

2014 JUN 20 AM 10:25

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 20 2014
By 226860
KM

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.

Jean A Picard 6-14-14
Signature of Officer or Authorized Representative Date

JEAN A. PICARD
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
108499-1-957422