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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. 27728	2. Exact name of the Corporation: NORTH END SOCIAL CLUB INC.		
3. State of Incorporation: R.I.	4. Brief description of the character of business conducted in Rhode Island: FOOD & BEVERAGE MEMBERS ONLY CLUB		
5. Principal office address: 49 PIERCE ST.	City: WESTERLY	State: RI	Zip: 02891

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

President Name	Vice-President Name
FRED PRICE	NATE WILLIAMS
Street Address: 12 PAULINE ST.	Street Address:
City: WESTERLY State: RI Zip: 02891	City: State: Zip:
Secretary Name	**Treasurer Name**
ALEX HOUSTON	JOHN COLAO
Street Address: 25 DUNN'S CORNER RD.	Street Address: 30 BEATRICE ST.
City: WESTERLY State: RI Zip: 02891	City: WESTERLY State: RI Zip: 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	Director Name
JOHN COLAO	NATE WILLIAMS
Street Address: 30 BEATRICE ST.	Street Address: 232 HIGH ST. UNIT 1
City: WESTERLY State: RI Zip: 02891	City: WESTERLY State: RI Zip: 02891
Director Name	**Director Name**
FRED PRICE	
Street Address: 12 PAULINE ST.	Street Address:
City: WESTERLY State: RI Zip: 02891	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 14 2014

BY 1280

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 Colao — Signature of Officer or Authorized Representative — Date: 7/11/14

JOHN COLAO
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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