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
30522	Woodward Road Social Club
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Place where members meet to socialize, organize functions, such as partics, outings and charitable events.

5. Principal office address	City	State	Zip
1421 Mineral Spring Avenue	North Providence	RI	02904

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

President Name	Vice-President Name
Paul Falso	Lawrence Wells
Street Address	**Street Address**
11 Cora Street	1186 Douglas Avenue
City / State / Zip	**City / State / Zip**
North Prov. / RI / 02911	North Prov. / RI / 02904
Secretary Name	**Treasurer Name**
Joanne Chu	Paul Falso
Street Address	**Street Address**
554 Woodward Road Apt. 2	11 Cora Street
City / State / Zip	**City / State / Zip**
North Prov / RI / 02904	North Prov / RI / 02911

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
Larry CourChine	Richard Paquin
Street Address	**Street Address**
460 Charles Street	1917 Mineral Spring Ave
City / State / Zip	**City / State / Zip**
Prov / RI / 02904	North Prov / RI / 02911
Director Name	**Director Name**
Danny Stone	None
Street Address	**Street Address**
1917 Mineral Spring Ave	
City / State / Zip	**City / State / Zip**
North Prov / RI / 02911	

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 BY

FILED
JUL 24 2014
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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.

Paul Falso Pres 7/23/2014
Signature of Officer or Authorized Representative — Date

Paul Falso, Pres.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014