



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. 27149		2. Exact name of the Corporation FILIBUSTER CLUB			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island MEMBERSHIP CLUB . DONATE FUNDS TO VARIOUS ORGANIZATIONS THRU OUT THE COMMUNITY.			
5. Principal office address 23 HIGH STREET			City CUMBERLAND	State RI	Zip 02864
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RICHARD E. PETIT			Vice-President Name FRANK ANTUNES		
Street Address 53 Pellett St.			Street Address AMES ST.		
City CUMBERLAND	State R.I.	Zip 02864	City PAWBUCKET	State RI	Zip 02860
Secretary Name THOMAS L ANTUNES			Treasurer Name BRUCE MARTEL		
Street Address 10 FRANKLIN ST #344			Street Address 25 ABBOTT ST		
City LINCOLN	State RI	Zip 02865	City CUMBERLAND	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bruce E. Martel			Director Name Charles T. Mitchell		
Street Address 25 Abbott St.			Street Address 61 Lee St		
City Cumberland	State RI	Zip 02864	City PAWBUCKET	State RI	Zip 02861
Director Name JOHN C SWEETMAN			Director Name NONE		
Street Address 7 FAIRVIEW AVE			Street Address NONE		
City CUMBERLAND	State RI	Zip 02864	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 29 2014

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.

Signature of Officer or Authorized Representative John Sweetman 7-27-14
Date

BY 5345 JOHN SWEETMAN
Print or Type Name of Officer or Authorized Representative