



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/business

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. <u>31199</u>		2. Exact name of the Corporation <u>THE SHAMROCK SOCIETY OF NORTH PROVIDENCE</u>			
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>FRACTIONAL ORGANIZATION THAT DONATES TO CHARITIES</u>			
5. Principal office address <u>21 TUSCOLA AVE.</u>		City <u>NO. PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>	
President Name <u>MICHAEL MCKENNA</u>		Vice-President Name <u>RYAN MCDAMARA</u>			
Street Address <u>36 BASSWOOD AVE.</u>		Street Address <u>421 ACADEMY AVE.</u>			
City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02908</u>	City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02908</u>
Secretary Name <u>KENNETH MCKENNA</u>		Treasurer Name <u>GERARD E. MCKENNA II</u>			
Street Address <u>303 WICKENBOEN ST.</u>		Street Address <u>903 PROVIDENCE PLACE #348</u>			
City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02903</u>	City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02903</u>
Director Name <u>SIEVE ROSSI</u>		Director Name <u>TIM GOODWIN SR.</u>			
Street Address <u>114 VOLTURNO ST.</u>		Street Address <u>15 HOPE ST.</u>			
City <u>NO. PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>ATLGBORO</u>	State <u>MA.</u>	Zip <u>02703</u>
Director Name <u>JACK O'BELL</u>		Director Name <u>RICHARD QUETTA</u>			
Street Address <u>129 KEDILAND AVE.</u>		Street Address <u>495 WOODWARD RD.</u>			
City <u>NO. PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>NO. PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>
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, Receiver or Trustee

FILED

JUL 30 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.

Gerard E. McKenna II 7-28-14
 Signature of Officer Date
GERARD E. MCKENNA II
 Print or Type Name of Officer
TREASURER
 Title of Officer