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
000026944	IRELAND'S 32 SOCIETY
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	CREATING A FRATERNAL AND SOCIAL RELATIONSHIP AMONG IRISH AMERICAN PEOPLE.

5. Principal office address	City	State	Zip
9 VISTA DRIVE	RUMFORD	RI	02916

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

President Name	Vice-President Name
MARY ANN BARBARY	LEO MADDEN
Street Address: 9 GRAY ST.	Street Address: 16 PECK ST.
City: NORTH PROVIDENCE, State: RI, Zip: 02904	City: PEMBROKE, State: MA, Zip: 02769
Secretary Name	**Treasurer Name**
BRENDA TARTAGLIA	DOROTHY M. O'GARA
Street Address: 122 HIGHLAND MEADOW DR.	Street Address: 9 VISTA DR.
City: NORTH ATTLEBORO, State: MA, Zip: 02760	City: RUMFORD, State: RI, Zip: 02916

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

Director Name: BOARD OF DIRECTORS	Director Name
GERALD CARROLL, CHAIRPERSON	GAIL MITCHELL
Street Address: 137 ENFIELD AVE.	Street Address: 103 COOL SPRING DR.
City: PROVIDENCE, State: RI, Zip: 02908	City: CRANSTON, State: RI, Zip: 02920
Director Name	**Director Name**
MATTHEW CLARKIN	
Street Address: 1108 SMITH ST.	Street Address:
City: PROVIDENCE, State: RI, Zip: 02908	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

FILED
SEP 23 2014
BY 153

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

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.

Dorothy M. O'Gara Treasurer 9/19/14
Signature of Officer or Authorized Representative Date

DOROTHY M. O'GARA, TREASURER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014