

## 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 2015

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.

G = 22 TB 11	10			
1. Entity ID No.	2. Exact name of the Corporation			
35281	YOUNG PANNESE	- SociAl Club - W	Jomens Auxiliney	
3. State of Incorporation	4. Brief description of the character of bu	siness conducted in Rhode Island	J	
RhODE ISLAND				
5. Principal office address	1. 0	City	State Zip	
187-189 Poc		ROVIDENCE	RI 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X2 BOX FOR ATTACHMENT)				
President Name		Vice-President Name		
ELEANOR SPREMULLI		ANGELA GOFF		
Street Address		Street Address		
2 CAPRI DRIVE		207 WEBSTE	R HVE.	
City	State	City	State Zip	
JOHNSTON	K.T. 02919	IROVIDENCE	RI 02909	
Secretary Name	ำ	Treasurer Name		
PATRICIA (	TRASSO	Jusith July	1116	
Street Address	0.5	Street Address	age a common <u>a per</u>	
155 ) EOMA	N HVE	82 (JARK S.	TREET	
CRANSTON	State Zip 02920	COVENTRY	State   Zip   28/6	
7-LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS				
S ("X2 BOX FOR ATTACHMENT			<b>的现在分词</b>	
Director Name	1/1	Director Name		
ELEANOR S	DREMU !!	JUDITH J.	Tullie	
Street Address	·	Street Address		
2 CAPRID	RIVE	82 CLARK	STREET	
City	State Zip 2920	City	State Zip 02816	
Director Name	17-1-10-10	Director Name	1100016	
PATRICIA	GRASSO	ANGILA GO	FF	
Street Address		Street Address	7	
155 YEOMAN ALE		207 WEBSTE	RHUE	
CRANSTON	State Zip 02920	City POVIDENCE	State Zip 02909	
8. REGISTERED AGENT IN RHODE ISCAND				
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				

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File Dato-1:	EII FD	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.
Check No.	MAY 1 8 2015	Signature of Officer or Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY	$IIU_{I}I$	Signature of Officer or Authorized Representative  Date 5-14-15  Print or Type Name of Officer or Authorized Representative
Form No. 631	,	Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014 May 12, 2015

Young Pannese Social Club Women's Auxiliary 155 Yeoman Avenue Cranston R.I. 02920

Corporation Division
Office of Secretary of State
State of Rhode Island and Providence Plantations
148 West River Street
Providence, RI. 02904

## Gentleman:

Enclosed is form 631, Non-Profit Report for the year 2015, check in the amount of \$20.00 from the Young Pannese Social Club - Women's Auxiliary for filing fees.

If there are any questions please contact Patricia Grasso, secretary 944-5408, or Eleanor Spremulli, President 231-3678.

Very truly yours

Patricia Grasso Weld Masso Secretary

Enclosures (2)

FILED

MAY 1 8 2015

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