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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.**

1. Entity ID No.	2. Exact name of the Corporation
38585	**The Pottery and Porcelain Club, Inc.**
3. State of Incorporation: **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island: **Educational club for study and appreciation of pottery & porcelain**

5. Principal office address	City	State	Zip
c/o Marguerite Schnepel, 109 Transit Street	**Providence**	**RI**	**02906**

President Name: **Mrs. John B. Ennis (Melody)**			Vice-President Name: **Mrs. Stanley Weiss (Beth)**		
Street Address: **166 Elsie Street**			Street Address: **140 Prospect Street**		
City: **Cranston**	State: **RI**	Zip: **02910**	City: **Providence**	State: **RI**	Zip: **02906**
Secretary Name: **Mrs. Paul E. Sapir (Sylvia)**			Treasurer Name: **Mrs. George C. Gordon (Diane)**		
Street Address: **112 Prospect Street**			Street Address: **12 George Street**		
City: **Providence**	State: **RI**	Zip: **02906**	City: **Providence**	State: **RI**	Zip: **02906**

Director Name: **Mrs. John B. Ennis (Melody)**			Director Name: **Mrs. Stanley Weiss (Beth)**		
Street Address: **166 Elsie Street**			Street Address: **140 Prospect Street**		
City: **Cranston**	State: **RI**	Zip: **02910**	City: **Providence**	State: **RI**	Zip: **02906**
Director Name: **Mrs. Paul E. Sapir (Sylvia)**			Director Name: **Mrs. George C. Gordon (Diane)**		
Street Address: **112 Prospect Street**			Street Address: **12 George Street**		
City: **Providence**	State: **RI**	Zip: **02906**	City: **Providence**	State: **RI**	Zip: **02906**

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

[redacted]

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.

Diane M. Gordon 5/31/15
Signature of Officer or Authorized Representative — Date

Diane M. Gordon, Treasurer
Print or Type Name of Officer or Authorized Representative

FILED
JUN 04 2015
BY 645

Form No. 631
Revised: 04/2014

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