

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.

I. Entity ID No.	2. Exact name of the Corporation				
28628	OLD FIDDLE	rs'club of K	HODE	TSLAND	
. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
PHODE ISLAND	GROUP OF F	IDDLERS AND DI	THERMU	SICHICS	
i. Principal office address	_	City	State	11PS, ETC, 200355	
111 N. STONIN	GTOH RD.	MYSTIC	CT	06355	
	SAND ADDRESSES) ("X" BOX F				
President Name SAUL AHOLA			PAULA WHEELER		
Street Address 88 BUTT3 RD		13 STEPHE	Street Address 15 STEPHEN HOPKINS RD.		
WAOD STACK	State	1 City FOSTER	State R	02825	
ecretary Name JOAN SINDER		Treasurer Name DAVID	DAVID PUGH		
treet Address 3// NOK	TH ST	Street Address /// // 517	NINGTO	ON RD.	
VILLIMANTIC	State 7 250 22.	6 MYSTIC	State	06355	
LIST <u>ALL</u> DIRECTORS (NAMI ("X" BOX FOR ATTACHMENT	ES_AND ADDRESSES). RHODE IS	SLAND CORPORATIONS <u>MUST</u> LIST	NO LESS THAN	THREE (3) DIRECTORS	
irector Name CHUCK MORGAN		Director Name ALAM F	Director Name ALAN FILO		
treet Address 123 JORD	PAN RD.	Street Address 25 F/L	ORD.		
VILLIMAUTIC	State T Zip 0622	6 City DVDLEY	State MA	01571	
rector Name WALLY	DAVIS	Director Name			
treet Address FLOK	AL WAY	Street Address	L		
	State Zip 2281	4 City	State	Zip	
REGISTERED AGENT IN RHO			.		
		ary of State. Changes require filing i	·		
is report must be signed by eithe Truste e	er the President, Vice-President, Se	ecretary, Assistant Secretary, Treasurer,	, duly Authorized Fl	epresentative, Receiver	
	FILED"	Under penalty of perjury, I	declare and affirm	that I have examined	
File Date		this report, including any a	ccompanying sch	edules and statements,	
Check No	JUN 0 5 2015	and that all statements con	grained herein are	true and correct.	
3y:B\	an250273	Signature of Officer or Author	rized Representativ	6/3/201 ve Date	
FOR SECRETARY OF STATE U		TAUTE 4. 2.1		21000	
61:6 HH S	- HNC 9107	Signature of Officer or Author DAVID M. PUL Print or Type Name of Officer	r or Authorized Rep	resentative	
VILIDAS DIA ZA GERRIVIE	7803800				