

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

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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.

| . Entity ID No. | 2. Exact name of the Corporation | | | |
|--|---|--|-----------------|-------------------------|
| 28628 | OLD FIDDLERS | CLUTS OF RH | ODE | TSLAND |
| . State of Incorporation | 4. Brief description of the character of business conducted in Rhode Island | | | |
| HODE ISLAND | GROUP OF FIT | DLERS AND DTH | ERUV | SICHUS LIPS GTZ. |
| Principal office address | _ | City | State | 11PS, ETC. 200355 |
| 111 N. STOHII | YGTOK RD. | MYSTIC | CT | 06355 |
| | ES AND ADDRESSES) ("X" BOX FOR A | | | |
| resident Name SAUL AHOLA | | Vice-President Name PAULA WHEELER | | |
| treet Address RD | | Street Address 15 STEPHEN HOPKINS IZD. | | |
| VAOD STACK | State CT Zip 06281 | City FOSTER | State Z | 02825 |
| cretary Name JOAN 5/N | DER | Treasurer Name DAVID | PUGH | |
| eet Address 311 NOK | TH ST | Street Address | INGTO | ON RD. |
| JILLIMANTIC | State (7 06226 | MYSTIC | State | 06355 |
| IST <u>ALL</u> DIRECTORS (NAI "X" BOX FOR ATTACHMEN | AES <u>A</u> ND ADDRESSES). RHODE ISLAI | ND CORPORATIONS <u>MUST</u> LIST NO | D LESS THAN | THREE (3) DIRECTORS |
| ector Name CHUCK MORGAN | | Director Name ALAN FILO | | |
| | DAN RD. | Street Address 25 F140 | RD. | |
| /ILLIMAUTIC ector Name | State T Zip 06226 | City DVDLEY | State | 01571 |
| WALLY | DAVIS | Director Name | | |
| et Address | RAL WAY | Street Address Mow | | |
| CHEPACHET | State Zip 2814 | City | State | Zip |
| EGISTERED AGENT IN RH | | | | |
| | record in the Office of the Secretary | - | | |
| report must be signed by eiti rustee | her the President, Vice-President, Secret | ary, Assistant Secretary, Treasurer, du | ly Authorized R | epresentative, Receiver |
| | FILED" | Under penalty of perjury, I dec | lare and affirm | that I have examined |
| le Date | But a gave | this report, including any acco | mpanying sch | edules and statements, |
| heck No | JUN 0 5 2015 | and that all statements contain | ned herein are | true and correct. |
| <i>y</i> : | v Gn 250 273 | Signature of Officer or Authorized | d Representativ | 0/3/20/ Date |
| OR SECRETARY OF STATE | | TAND 10 Dill. | , | 110000 |
| 61:6 MA S | 3- HUC 2105 | Signature of Officer or Authorized DAVID M. PUSAI Print or Type Name of Officer or | Authorized Rep | resentative |
| Y CF STATE | 7.773.4362 7.773.4300 4.704.4300 | | | |