



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000032038

2. Name of Corporation New Deal Club of North Providence

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 180 WATERMAN AVENUE

UNIT 118

City or Town: N. PROVIDENCE

State: RI Zip: 02911 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SOCIAL CLUB

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS DELVECCHIO	1000 HAMMET ROAD COVENTRY, RI 02816 USA
TREASURER	THOMAS DELVECCHIO	1000 HAMMET ROAD COVENTRY, RI 02816 USA

SECRETARY	THOMAS ZAMBARANO	252 DONAHUE ROAD PASCOAG, RI 02859 USA
VICE PRESIDENT	THOMAS ZAMBARANO	252 DONAHUE ROAD PASCOAG, RI 02859 US
DIRECTOR	RONALD LABRIE	24 ZIPPORAH STREET NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	THOMAS DELVECCHIO	1000 HAMMET ROAD COVENTRY, RI 02816 US
DIRECTOR	THOMAS ZAMBARANO	252 DONAHUE ROAD PASCOAG, RI 02859 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

THOMAS DELVECCHIO 1000 HAMMET ROAD COVENTRY , RI 02816

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of June, 2015 at 11:43:37 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By THOMAS DELVECCHIO
Signature of Authorized Person

Form No. 631
Revised 09/07

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