

State of Rhode Island and Providence Plantations Department of State - Business Services Division

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 Filing period: June 1 - June 3		port for the	year: 2016			
Filing Fee: \$20.00 *FAILURI	TO FILE THIS			4 \$25.00 PENA	LTY FEE.	
4. Belity ID Number 2. 2 4. 3				10 (10 h)	a de la companya de	
27606	Boys & Girls Club of Warwick					
3. State of Incorporation 增加。	A SERVE OF	tiotartie Cha	cter of business conducted in R	hode Island 🗀 😿		
Rhode Island	Helping you	ng people reali	ize their full potential			
5. Principal Office Address !	18 (3 0) (4)	tr A CHT.	City: A State East of the State	Slate	Zip 3,	
42 Frederick St.			Warwick,	RI	02888	
6, Link ALL officers (names and	arun (araas)	age cu	Check the bo	ox to indicate an i	attachment	
President Name John Delemontex			Vice-President Name Warren B. Galkin			
Street Address 157 Enterprise Terrace			Street Address 29 Sage Dr			
^{City} Kingston	State RI	^{Zip} 02881	City Warwick,	State RI	^{Zip} 02886	
Secretary Name Ray Desmarias			Treasurer Name Joel Westerman			
Street Address 87 Leading St.			Street Address 55 Wrrowhead Trail			
^{City} Johnston,	State RI	^{Zip} 02919	City East Greenwich	State RI	^{Zip} 02818	
7 List At Edirectors frames land			The companies of the second of the contract of	THE RESERVE AND ASSESSMENT OF THE PARTY OF T	e an attachment	
Director Name Lara D'Antuono			Director Name Steve Tilley			
Street Address 49 Green Farms Lane			Street Address 116 Mourning Dove Dr.			
^{City} North Kingstown	State RI	^{Zip} 02852	City Saunderstown	State RI	^{Zip} 02871	
Director Name Warren Galkin			Director Name			
Street Address 29 Sage Dr			Street Address			
^{City} Warwick	State RI	^{Zip} 02886	City	State	Zip	
Registered Agent (victoria)	tig kill stemel	on in currently of re	cordinate Department of State, C	hangës require filin	g Form 641.	
			ined tall feport. Including an and correct ************************************	y accompanying	schedules and	
(As applificable election)			nt Sapatary, Transurar, duty Authorized	Representative, Réce	lver or Trustee.	
Name of Officer/Authorized Representative _ara D'Antuono				Date 5/12/2016		
Signature of Micer/Authorized P	enresentative					
SIGN DOCUMENT HERE						

FILED 2 MAY 1 6 2016

Form No. 631 Revised: 2016

BY 5185