



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 **2016**

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. 26448		2. Exact name of the Corporation Anawan Club			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Social			
5. Principal office address 117 Carpenter Street		City Rehoboth	State MA	Zip 02769	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alan Huffenus		Vice-President Name Edward Nowak			
Street Address 184 Purchase Street		Street Address 25 No. Walker Street			
City So. Easton	State MA	Zip 02375	City Taunton	State MA	Zip 02780
Secretary Name Thomas Sweeney, Jr.		Treasurer Name Jonathan R. Knowles			
Street Address 14 Tall Pines Drive		Street Address 117 Carpenter Street			
City Barrington	State RI	Zip 02806	City Rehoboth	State MA	Zip 02769
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Barrett		Director Name David A. Drowne			
Street Address 74 Summer Street		Street Address 45 Williams Street			
City Rehoboth	State Ma	Zip 02769	City Rehoboth	State MA	Zip 02769
Director Name John M. Hutson		Director Name Robert Zaluski			
Street Address 79 Davis Street		Street Address 124 Danforth Street			
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. REGISTERED AGENT IN RHODE ISLAND THOMAS SWEENEY, JR.					
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

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 MAY 19 2016

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.

Jonathan R. Knowles 5-17-16
 Signature of Officer or Authorized Representative Date

BY 2552 Jonathan R. Knowles
 Print or Type Name of Officer or Authorized Representative