



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

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>29459</u>		2. Exact name of the Corporation <u>PAWLORET ATHLETIC CLUB</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>NON-PROFIT</u>	
5. Principal Office Address <u>12 ABORN ST.</u>		City <u>CRANSTON</u>	State <u>R.I.</u>
		Zip <u>02905</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>PAUL F. LYNCH, SR.</u>		Vice-President Name <u>ROBERT BRENNAN, JR.</u>	
Street Address <u>32 WESTER PROMENADE</u>		Street Address <u>P.O. BOX 8182</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>WARWICK</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02888</u>	
Secretary Name <u>MARK HARDINIANI</u>		Treasurer Name <u>EDMUND B. SARNO</u>	
Street Address <u>294 BECKWITH ST.</u>		Street Address <u>625 OAKLAND BEACH AVE.</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>WARWICK</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02888</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>JAMES GOSSELIN</u>		Director Name <u>FRED CHIARINE</u>	
Street Address <u>187 RICHMOND ST.</u>		Street Address <u>99 POST RD. UNIT B 3</u>	
City <u>WARWICK</u>	State <u>R.I.</u>	City <u>WARWICK</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
Director Name <u>MICHAEL MCVEY</u>		Director Name <u>ROBERT O'CONNOR, JR.</u>	
Street Address <u>115 LYNDON RD.</u>		Street Address <u>140 BLOFF AVE.</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>EDMUND B. SARNO - TREASURER</u>		Date <u>7/26/2016</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE <u>[Signature]</u>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUL 28 2016
BY 13070
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