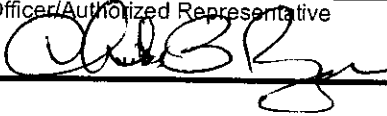




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 27599		2. Exact name of the Corporation Kiwanis Club of Woonsocket			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Community Service Club			
5. Principal Office Address 79 Cottage St - PO Box774		City WOONSOCKET	State RI	Zip 02895	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Suzanne B. Bernier		Vice-President Name			
Street Address 7 Lapre Road		Street Address			
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Henry L. Paulhus, Jr.		Treasurer Name Charles B. Ryan			
Street Address 10 Wood Haven Drive		Street Address 79 Cottage Street			
City Cumberland	State RI	Zip 02864	City Woonsocket	State RI	Zip 02895
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 Suzanne B. Bernier		Director Name Charles B. Ryan			
Street Address Same as Above		Street Address Same as Above			
City	State	Zip	City	State	Zip
Director Name Henry L. Paulhus, Jr.		Director Name			
Street Address Same as Above		Street Address			
City	State	Zip	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Charles B. Ryan, Treasurer				Date 07/25/2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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

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