



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.

NO Fee

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 AUG 11 AM 10:29

1. Entity ID Number 30522		2. Exact name of the Corporation Woodward Road Social Club	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Place where members meet to socialize, organize functions such as parties, outings and charitable events.	
5. Principal Office Address 1421 Mineral Spring Avenue		City North Providence	State RI
		Zip 02904	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Paul Falso		Vice-President Name Larry Courchine	
Street Address 11 Cora Street		Street Address 460 Charles Street	
City North Prov.	State RI	City Prov.	State RI
Zip 02911		Zip 02904	
Secretary Name Jeanne Chu		Treasurer Name Paul Falso	
Street Address 554 Woodward Road Apt. 2		Street Address 11 Cora Street	
City North Prov.	State RI	City North Prov.	State RI
Zip 02904		Zip 02911	
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 Larry Wells		Director Name Richard Quetta	
Street Address 1170 Douglas Avenue		Street Address 495 Woodward Road	
City North Prov	State RI	City North Prov.	State RI
Zip 02904		Zip 02904	
Director Name Richard Paquin		Director Name Dan Stone	
Street Address 1917 Mineral Spring Avenue		Street Address 1917 Mineral Spring Avenue	
City North Prov.	State RI	City North Prov	State RI
Zip 02911		Zip 02911	
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 Paul Falso, Pres.			Date Aug. 8, 2016
Signature of Officer/Authorized Representative Paul Falso, Pres. SIGN DOCUMENT HERE			

FILED

AUG 11 2016

BY LC 10:29

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov