RI SOS Filing Number: 201745017690 Date: 6/7/2017 4:00:00 PM

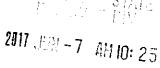
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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation** 

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→ 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	2. Exact name of the Corporation						
27302	the Jamestown Women's Club of Rhode Island, INC.						
3. State of Incorporation RT	5. Brief description of the character of business conducted in Rhode Island						
4. NAICS Code	To support local groups and individuals in Jamestown						
813219	,						
6. Principal Office Address			City	State	Zip		
45 Pemberton	Ave	4.	Jamostoum	RI	02835		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Nancy Bey	e		Vice-President Name  Jane+ LaBranch				
Street Address 54 clinton Ave			Street Address 34 Plymouth RL				
City Jamestown	State RI	Zip 02835	City Jamestoum	State RI	Zip 0Z833		
Secretary Name	Funtada		Treasurer Name		V20 33		
Street Address 14 Cuther ST			Street Address				
City James town	State RI	Zip UZ&35	City Jamestown	State K±	Zip 0 2835		
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.  Check the box to indicate an attachment							
Director Name Cynthia Smith			Director Name Suzanne Fay				
Street Address 58 Pennsylvania Ave			Street Address    Swin burna St				
City Jamostown	State Rエ	2ip 02835	city Jamestourn	State KT	Zip 0283 5		
Director Name Nancy Brye			Director Name				
Street Address 54 Clinton Aw			Street Address				
City James 70 WN	State RI	Zip 02835	City	State	Zîp		
9. 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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative				Date			
SUZai	ne Fay			6-4-2017			
Suzanne Fay 6-4-2017 Signature of Officer/Authorized Representative Auzanna Fay							

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 7 2017