

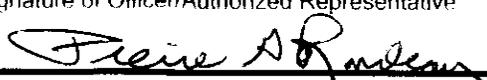
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN -9 PM 12:01

1. Entity ID Number 000038614		2. Exact name of the Corporation LE CLUB ARAM POTHIER DE WOONSOCKET			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FRENCH ETHNIC, CULTURAL AND FRATERNAL			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 383 CAMP DIXIE RD.		City PASCOAG	State RI	Zip 02859	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL PAPINEAU			Vice-President Name NORMAND DESMARAIS		
Street Address 63 PINECREST			Street Address 329 RIVER RD.		
City WOONSOCKET	State RI	Zip 02895	City LINCOLN	State RI	Zip 02865
Secretary Name GERTRUDE LAMOUREUX			Treasurer Name PIERRE G. RONDEAU		
Street Address 368 PROSPECT ST.			Street Address 383 CAMP DIXIE RD.		
City WOONSOCKET	State RI	Zip 02895	City PASCOAG	State RI	Zip 02895
8. 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 LEO RIENDEAU			Director Name IDA CONNOLLY		
Street Address 123 WINTHROP ST.			Street Address 35 VOSE ST.		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name JULIAN BESSETTE			Director Name		
Street Address 117 FRONT ST.			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
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.					
<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 PIERRE G. RONDEAU - Treasurer					Date June 3 2017
Signature of Officer/Authorized Representative 					FILED JUN 09 2017 BY 305628 A.A

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