RI SOS Filing Number: 201747085200 Date: 7/6/2017 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
58581	Pawtucket Avenue Greek Social Club
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	SOCIAL CLUB
4. NAICS Code	
Equity 7111	

6. Principal Office Address	City	State	Zip
33-35 PAWTUCKET AVE	PAWT	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
OLIVE DUNPHY	OLIVE DUNPHY
Street Address: 35 PAWTUCKET AVE	Street Address: 35 PAWTUCKET AVE
City: PAWT State: RI Zip: 02860	City: PAWT State: RI Zip: 02860
Secretary Name	**Treasurer Name**
65 PINE RD	OLIVE DUNPHY
Street Address: LOUIE MARTINEZ	Street Address: 35 PAWT. AVE
City: SO. ATTE State: MA Zip: 02703	City: PAWT State: RI Zip: 02860

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
OLIVE DUNPHY	OLIVE DUNPHY
Street Address: 35 PAWTUCKET AVE	Street Address: 35 PAWTUCKET AVE
City: PAWT. State: RI Zip: 02860	City: PAWT. State: RI Zip: 02860
Director Name	**Director Name**
LOUIE MARINEZ	
Street Address: 65 PINE RD.	Street Address:
City: SO. ATTE. State: MA Zip: 02703	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.

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
OLIVE DUNPHY	7/1/17

Signature of Officer/Authorized Representative: Olive C. Dunphy - President

FILED

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

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