



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
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1. Entity ID Number 000111831		2. Exact name of the Corporation Pawtucket's Winter Wonderland, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To organize and operate Pawtucket's Winter Wonderland in Slater Park on an annual basis			
4. NAICS Code					
6. Principal Office Address Slater Memorial Park, 449 Newport Avenue			City Pawtucket	State RI	Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Machowski Jr.			Vice-President Name Dawn Goff		
Street Address 294 Quaker Lane			Street Address 401 Prospect Street		
City North Scituate	State R.I.	Zip 02857	City Pawtucket	State RI	Zip 02860
Secretary Name Larry Avella			Treasurer Name Nancy Maymon		
Street Address 318 Summer Street			Street Address 72 Fairview Avenue		
City Warwick	State RI	Zip 02888	City Pawtucket	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 <input type="checkbox"/>					
Director Name Robert Machowski Sr.			Director Name Sharon Lund		
Street Address 778 Tunkhill Road			Street Address 8 Sebakent Raod		
City Scituate	State RI	Zip 02825	City Pawtucket	State RI	Zip 02861
Director Name Fred Kent			Director Name		
Street Address 42 Greeley Street			Street Address		
City Pawtucket	State RI	Zip 02861	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 Robert Machowski Jr.				Date 8-2-17	
Signature of Officer/Authorized Representative 				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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