



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

Annual Report for the year:
 Non-Profit Corporation

2018

- 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 000027098		2. Exact name of the Corporation Barrington Woman's Club, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island fundraising for local Charities	
4. NAICS Code 813319			
6. Principal Office Address 200 Middle Highway P.O. Box 274			
City Barrington		State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Louise James		Vice-President Name Evelyn Zawatsky	
Street Address 192 New Meadow Rd		Street Address 13 Half Mile Rd	
City Barrington	State RI	Zip 02806	City Barrington
State RI	Zip 02806	State RI	Zip 02806
Secretary Name Joan Warren		Treasurer Name Lillian Rose	
Street Address 9 Surrey Rd		Street Address 75 Alfred Drown Rd	
City Barrington	State RI	Zip 02806	City Barrington
State RI	Zip 02806	State RI	Zip 02806
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 Louise James		Director Name Elizabeth Martini	
Street Address 192 New Meadow Rd		Street Address 346 Middle Highway	
City Barrington	State RI	Zip 02806	City Barrington
State RI	Zip 02806	State RI	Zip 02806
Director Name Lillian Rose		Director Name	
Street Address 75 Alfred Drown Rd		Street Address	
City Barrington	State RI	Zip 02806	City
State RI	Zip 02806	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.			
<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 PRESIDENT Louise James			Date June 11/18
Signature of Officer/Authorized Representative Louise James			SIGN DOCUMENT HERE

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

JUN 13 2018

BY 5271 QS FORM 631 - Revised: 11/2017