[redacted] SOS Filing Number: 201869519300 Date: 6/13/2018 4:00:00 PM

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

STAMP

Annual Report for the year: 2018
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
30522	Woodward Road Social Club
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Place where members meet to socialize, organize functions such as parties, outings, and charitable events.
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
1421 Mineral Spring Ave	North Providence	RI	02904

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

President Name: Paul Falso	Vice-President Name: Dan Stone
Street Address: 11 Cova Street	Street Address: 1917 Mineral Spring Ave
City: North Prov. State: RI Zip: 02911	City: North Prov State: RI Zip: 02911
Secretary Name: Joanne Chu	Treasurer Name: Paul Falso
Street Address: 554 Woodward Road Apt 2	Street Address: 11 Cova Street
City: North Prov. State: RI Zip: 02904	City: North Prov. State: RI Zip:

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

Director Name: Richard Ando	Director Name: Larry Couchine
Street Address: 5 Thelma Street	Street Address: 460 Charles Street
City: North Prov State: RI Zip: 02904	City: Prov State: RI Zip: 02904
Director Name: Michael S Verardo	Director Name: Richard Quetta
Street Address: 110 Glasgow Street	Street Address: 495 Woodward Road
City: Prov State: RI Zip: 02904	City: North Prov State: RI Zip: 02904

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
Paul Falso, Pres.	June 11, 2018

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE Paul Falso Pres

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 57360 DS

FORM 631 - Revised: 11/2017