

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

FILED

JUN 18 2018

BY

Annual Report for the year:

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 59587		2. Exact name of the Corporation PAWT. Ave Greek food club	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social Club	
4. NAICS Code 813410			
6. Principal Office Address 33-35 PAWT. AVE		City PAWT.	State RI Zip 02880
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name OLIVIA DUNPHY		Vice-President Name OLIVIA DUNPHY	
Street Address 35 PAWT. AVE		Street Address 35 PAWNUCKOY AVE	
City PAWT.	State RI Zip 02880	City PAWT.	State RI Zip 02880
Secretary Name LAURIE MARTINEZ		Treasurer Name OLIVIA DUNPHY	
Street Address 65 PINE RD.		Street Address 35 PAWT. AVE	
City SOUTH	State MA Zip 02703	City PAWT.	State RI Zip 02880
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 OLIVIA DUNPHY		Director Name OLIVIA DUNPHY	
Street Address 35 PAWNUCKOY AVE		Street Address 35 PAWT. RD	
City PAWT.	State RI Zip 02880	City PAWT.	State RI Zip 02880
Director Name LAURIE MARTINEZ		Director Name	
Street Address 65 PINE RD		Street Address	
City SOUTH	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 OLIVIA DUNPHY		Date 6/13/18	
Signature of Officer/Authorized Representative PRESIDENT		SIGN DOCUMENT HERE	

MAIL TO:
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