



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

FILED

MAY 16 2019

Annual Report for the year: 2019
 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.

BY 906

1. Entity ID Number 001685710		2. Exact name of the Corporation NORTH KINGSTOWN WOMEN'S CLUB	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813410		CHARITABLE / SOCIAL	
6. Principal Office Address P.O. Box 1855		City NORTH KINGSTOWN	State RI
		Zip 02852	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name SO-ANN WENDOLOWSKI		Vice-President Name CAROL O'MALLEY	
Street Address 39 N CUCUMBER HILL ROAD		Street Address 42 MEGHAN LANE	
City FOSTER	State RI	City NO. KINGSTOWN	State RI
Zip 02825		Zip 02852	
Secretary Name CATHERINE SEARS		Treasurer Name PATRICIA CARLSON	
Street Address 391 SHORE ACRES AVENUE		Street Address 137 HILLCREST DR. NO.	
City NO KINGSTOWN	State RI	City CRANSTON	State RI
Zip 02852		Zip 02921	
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 SO-ANN WENDOLOWSKI		Director Name CATHERINE SEARS	
Street Address 39 N CUCUMBER HILL ROAD		Street Address 391 SHORE ACRES AVE.	
City FOSTER	State RI	City NO. KINGSTOWN	State RI
Zip 02825		Zip 02852	
Director Name CAROL O'MALLEY		Director Name PATRICIA CARLSON	
Street Address 42 MEGHAN LANE		Street Address 137 HILLCREST DR. NO.	
City NO. KINGSTOWN	State RI	City CRANSTON	State RI
Zip 02852		Zip 02921	
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 PATRICIA CARLSON			Date 5/14/2019
Signature of Officer/Authorized Representative <i>Patricia Carlson</i>			

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov