



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

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 <b>27728</b>		2. Exact name of the Corporation <b>NORTH END SOCIAL CLUB</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>FOOD + BEVERAGE</b>	
4. NAICS Code <b>624190</b>			
6. Principal Office Address <b>49 PEARCE ST.</b>		City <b>WESTERLY</b>	State <b>RI</b>
		Zip <b>02891</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>FREDERICK PRICE</b>		Vice-President Name <b>NATHAN WILLIAMS</b>	
Street Address <b>12 PAULINE ST.</b>		Street Address <b>25 MINOR ST.</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>WESTERLY</b>	State <b>RI</b>
Zip <b>02891</b>		Zip <b>02891</b>	
Secretary Name <b>ALEX HUSTON</b>		Treasurer Name <b>JOHN COLAD</b>	
Street Address <b>25 DUNN'S CORNER ROAD</b>		Street Address <b>6 CAMELOT CT.</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>WESTERLY</b>	State <b>RI</b>
Zip <b>02891</b>		Zip <b>02891</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>FRED PRICE</b>		Director Name <b>JOHN COLAD</b>	
Street Address <b>12 PAULINE ST.</b>		Street Address <b>6 CAMELOT CT.</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>WESTERLY</b>	State <b>RI</b>
Zip <b>02891</b>		Zip <b>02891</b>	
Director Name <b>ALEX HUSTON</b>		Director Name	
Street Address <b>25 DUNN'S CORNER ROAD</b>		Street Address	
City <b>WESTERLY</b>	State <b>RI</b>	City	State
Zip <b>02891</b>		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 <b>JOHN COLAD</b>		Date <b>8/8/19</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

BY **JO 21JQN**

**FILED**  
AUG 08 2019