



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 28628		2. Name of Corporation OLD FIDDLERS CLUB OF RHODE ISLAND	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 14 A FERNCREST DRIVE	
5. Foreign corporation. Enter principal office address (813990)		City JOHNSON Zip 02919	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island GROUP of Fiddlers and other musicians playing at fairs and Public Functions, Etc.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JOAN SINDER		Vice President Name MELISSA JOYAL	
Street Address 311 NORTH ST.		Street Address 109 VALENTINE RD.	
City WILLIMANTIC	State CT	City POMFRET CENTER	State CT
Zip 06226		Zip 06259	
Secretary Name BARBARA A. WHITMAN		Treasurer Name DAVID PUGH	
Street Address 14 A FERNCREST DRIVE		Street Address 345 N. STONINGTON RD.	
City JOHNSON	State RI	City STONINGTON	State CT
Zip 02919		Zip 06378	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name STEVEN DORAZIO		Director Name NOREEN MORGAN	
Street Address 19C LARK INDUSTRIAL PKWY		Street Address 123 JORDAN RD	
City GREENVILLE	State RI	City WILLIMANTIC	State CT
Zip 02828		Zip 06226	
Director Name WENDY BARRETT		Director Name [Signature]	
Street Address 22 BURGHARDT ST.		Street Address [Signature]	
City NORWICH	State CT	City [Signature]	State [Signature]
Zip 06360		Zip [Signature]	
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

FILED

JUL 16 2020

11L V6K P6
11:15

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

DAVID M. PUGH

Print or Type Name of Officer

TREASURER

Title of Officer