RI SOS Filing Number: 202103912280 Date: 10/25/2021 3:21:00 PM

State of Rhode Island
Department of State - Business Services Division

R.I. ... OF STATE
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2021 OCT 25 PM 3:19

Annual Report for the year: 2021
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
000027737	LE CLUB PAR-X INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: MEMBERSHIP BAR
4. NAICS Code: 813410	

6. Principal Office Address	City	State	Zip
36 STANLEY AVENUE	WOONSOCKET	RI	02895

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

President Name	Vice-President Name
EZELL FARROW	LINDA DUGUAY
Street Address: 155 CENTER STREET	Street Address: 18 AYLSWORTH AVENUE
City: WOONSOCKET State: RI Zip: 02895	City: WOONSOCKET State: RI Zip: 02895
Secretary Name	**Treasurer Name**
JENNIFER MAKIN	DANIELLE LIMA
Street Address: 188 PARK PLACE	Street Address: 38 READ AVENUE
City: WOONSOCKET State: RI Zip: 02895	City: WOONSOCKET State: RI Zip: 02895

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

Director Name	Director Name
EZZEL FARROW	LINDA DUGUAY
Street Address: 155 CENTER STREET	Street Address: 18 AYLSWORTH AVENUE
City: WOONSOCKET State: RI Zip: 02895	City: WOONSOCKET State: RI Zip: 02895
Director Name	**Director Name**
JENNIFER MAKIN	DANIELLE LIMA
Street Address: 188 PARK PLACE	Street Address: 38 READ AVENUE
City: WOONSOCKET State: RI Zip: 02895	City: WOONSOCKET State: RI Zip: 02895

9. The Registered Agent information of record with the RI Department of State is accurate. 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
DANIELLE LIMA	10/14/21

Signature of Officer/Authorized Representative: Danielle Lima

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

OCT 25 2021
BY: 22100 A.A. 3:21 P.M.

FORM 631 - Revised: 08/2020