



Department of State - Business Services Division

Annual Report for the year: 2022
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000038614		2. Exact name of the Corporation LE CLUB ARAM POTHIER DE WOONSOCKET			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island French ethnic, cultural and fraternal			
4. NAICS Code 813319 - Other Social Advoca					
6. Principal Office Address 368 PROSPECT STREET			City WOONSOCKET	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL T. EADIE			Vice-President Name LOUISE TETREAU		
Street Address 1 FRIED AVENUE			Street Address 136 REYNOLDS ST.		
City BRISTOL	State RI	Zip 02809	City DANIELSEN	State CT	Zip 06239
Secretary Name GERTRUDE LAMOUREUX			Treasurer Name OTTO JESTERSEN		
Street Address 368 PROSPECT STREET			Street Address 94 CARRINGTON AVE.		
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 <input type="checkbox"/>					
Director Name GEORGE PERRON			Director Name CRAIG LACOUTURE		
Street Address 112 MARVIN AVENUE			Street Address 127 CARRINGTON AVENUE		
City FRANKLIN	State MA	Zip 02038	City WOONSOCKET	State RI	Zip 02895
Director Name LENORE RHEAUME			Director Name		
Street Address 368 PROSPECT STREET			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
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.					
<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 <i>LOUISE L. Tetreault / Vice President</i>				Date <i>April 21, 2022</i>	
Signature of Officer/Authorized Representative <i>L + Louise L. Tetreault</i>				FILED APR 25 2022	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY *AYYKS*