

State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation2023

FILED

JAN 25 2023

BY

→ 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 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 Domestic Non-Profit Corporation			
4. NAICS Code 813319 - Other Social Advocacy <input type="checkbox"/>					
6. Principal Office Address PO Box 1855		City No. Kingstown RI		State RI	Zip 02852
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Jo-Ann Wendolowski			Vice-President Name Carol O'Malley		
Street Address 39A Cucumber Hill Rd.			Street Address 42 Meghan Dr.		
City Foster	State RI	Zip 02825	City No. Kingstown	State RI	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	Zip 02852	City Cranston	State RI	Zip 02921
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 Jo-Ann Wendolowski			Director Name Catherine Sears		
Street Address 39A Cucumber Hill Rd			Street Address 391 Shore Acres Ave.		
City Foster	State RI	Zip 02825	City No. Kingstown	State RI	Zip 02852
Director Name Carol O'Malley			Director Name		
Street Address 42 Meghan Dr.			Street Address		
City No. Kingstown	State RI	Zip 02852	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, or Cashier or Taxpayers.					
Name of Officer/Authorized Representative Patricia Carlson				Date January 20, 2023	
Signature of Officer/Authorized Representative <i>Patricia Carlson</i>					