



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year. 2016  
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 <b>0000131985</b>	2. Exact name of the Corporation <b>Parkview Manor Social Club</b>		
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island <b>For the pleasure, recreation, and other similar non-profit purposes of the residents of Parkview Manor.</b>		
4. NAICS Code <b>813410</b>			

6. Principal Office Address <b>218 Pond Street</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Jackie Camtotiano</b>	Vice-President Name <b>George Gauvin</b>
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Street Address <b>218 Pond Street</b>	Street Address <b>218 Pond Street</b>
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City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
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Secretary Name <b>N/A TERRY GREENAS</b>	Treasurer Name <b>George Fortier</b>
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Street Address <b>218 Pond ST</b>	Street Address <b>218 Pond Street</b>
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City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
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8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <b>N/A GRACIE GAUVIN</b>	Director Name <b>N/A GEORGE FORTIER</b>
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Street Address <b>218 Pond ST</b>	Street Address <b>218 Pond ST</b>
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Director Name <b>JACKIE CAMTOTIANO</b>	Director Name <b>LUCIENNE COTE</b>
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Street Address <b>218 Pond ST</b>	Street Address <b>218 Pond ST</b>
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City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>
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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 <b>George Fortier</b>	Date <b>7/10/2023</b>
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Signature of Officer/Authorized Representative <i>George Fortier</i>	<b>FILED</b>
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MAIL TO:

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

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