



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2008  
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 0000131985		2. Exact name of the Corporation Parkview Manor Social Club	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island For the pleasure, recreation, and other similar non-profit purposes of the residents of Parkview Manor.	
4. NAICS Code 813410			
6. Principal Office Address 218 Pond Street		City Woonsocket	State RI Zip 02895
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Jackie Camtotiano		Vice-President Name George Gauvin	
Street Address 218 Pond Street		Street Address 218 Pond Street	
City Woonsocket	State RI	Zip 02895	City Woonsocket State RI Zip 02895
Secretary Name N/A TERRY GREENAS		Treasurer Name George Fortier	
Street Address 218 Pond ST		Street Address 218 Pond Street	
City Woonsocket	State RI	Zip 02895	City Woonsocket State RI Zip 02895
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 N/A GEORGE GAUVIN		Director Name N/A GEORGE FORTIER	
Street Address 218 Pond ST		Street Address 218 Pond ST	
City Woonsocket	State RI	Zip 02895	City Woonsocket State RI Zip 02895
Director Name JACKIE CAMTOTIANO		Director Name LUCIENNE COTE	
Street Address 218 Pond ST		Street Address 218 Pond ST	
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 George Fortier			Date 7/10/2023
Signature of Officer/Authorized Representative <i>George Fortier</i>			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

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