



Office of the Secretary of State
Matthew A. Brown, Secretary of State

100 North Main Street
Providence, RI 02903-1331
401.222.3041

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|-------------|--|---|--------------------|--------------|
| 1. Corporate ID No. 131985 | | 2. Name of Corporation Parkview Manor Social Club | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address 218 Pond ST | | City Woonsocket | Zip 02895 |
| 5. Foreign corporation. Enter principal office address | | City | State | Zip | |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island FOR THE PLEASURE, RECREATION AND OTHER SIMILAR NON-PROFIT PURPOSES OF THE RESIDENTS OF PARKVIEW MANOR | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Lucienne L. Cote | | | Vice President Name Alice C. FIZZARI | | |
| Street Address 218 Pond ST #812 | | | Street Address 218 Pond ST #708 | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| Secretary Name John Dubois | | | Treasurer Name Janet Lavoie | | |
| Street Address 218 Pond ST #913 | | | Street Address 218 Pond ST #313 | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | | | | |
| Director Name Henry Puro | | | Director Name Robert Vadebancour | | |
| Street Address 218 Pond ST #516 | | | Street Address 218 Pond ST #612 | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| Director Name Melvin Defoe | | | Director Name None | | |
| Street Address 218 Pond ST #412 | | | Street Address | | |
| City Woonsocket | State RI | Zip 02895 | City | State | Zip |
| 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 | | | | | |
| Agent Name LUCIENNE L. COTE | | | Address 218 Pond ST #812 | | |
| Address 218 POND STREET, #812 | | | City WOONSOCKET | Zip 02895 | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



131985

| | |
|---------------------------------|---------|
| File Date | 6-17-05 |
| Check No. | 617 |
| By: | |
| FOR SECRETARY OF STATE USE ONLY | |

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.

Signature of Officer
Lucienne L. Cote
Print or Type Name of Officer
President
Title of Officer
6-6-05
Date

**PARKVIEW MANOR SOCIAL CLUB
Amendment of By-Laws**

Authority and Duties of the Officers

Tenure: The officers shall hold office for a term of one year. Vacancies existing by reason of resignation, death, incapacity or removal before the expiration of his/her term shall be filled by a majority vote of the membership. In the event of a tie vote, the President shall choose the succeeding officer. Officers shall hold office until a successor is duly qualified and elected. These by-laws were amended and presented to the membership on June 6, 2005.

Votes Accepted-----Unanimous

Date Voted and Accepted:-----June 6, 2005

President: Lucienne Cote

President's Signature *Lucienne L. Cote* **Date** *June 6, 2005*



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1331
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| 1. Corporate ID No. 131985 | | 2. Name of Corporation Parkview Manor Social Club | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address 218 Pond ST | | City Woon | Zip 02895 |
| 5. Foreign corporation. Enter principal office address | | | City | State RI | Zip |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island FOR THE PLEASURE, RECREATION AND OTHER SIMILAR NON-PROFIT PURPOSES OF THE RESIDENTS OF PARKVIEW MANOR | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Lucienne L. Cote | | | Vice President Name Alice | | |
| Street Address 218 Pond ST | | | Street Address 218 Pond ST Apt #708 | | |
| City Woon | State RI | Zip 02895 | City Woon | State RI | Zip 02895 |
| Secretary Name Beatrice Remillard | | | Treasurer Name Janet Lavoie | | |
| Street Address 218 Pond ST Apt #912 | | | Street Address 218 Pond ST Apt #313 | | |
| City Woon | State RI | Zip 02895 | City Woon | State RI | Zip 02895 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | | | | |
| Director Name Robert | | | Director Name Henry Piro | | |
| Street Address 218 Pond ST Apt # | | | Street Address 218 Pond ST | | |
| City Woon | State RI | Zip 02895 | City Woon | State RI | Zip 02895 |
| Director Name Louis Gaulin | | | Director Name | | |
| Street Address 218 Pond ST Apt # | | | Street Address | | |
| City Woon | State RI | Zip 02895 | City | State | Zip |
| 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 | | | | | |
| Agent Name LUCIENNE L. COTE | | | Address | | |
| Address 218 POND STREET, #812 | | | City WOONSOCKET | Zip 02895 | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 3 1 9 8 5 *

| | |
|---------------------------------|--------------------|
| File Date | 7-16-04 |
| Check No. | 444 |
| By: | <i>[Signature]</i> |
| FOR SECRETARY OF STATE USE ONLY | |

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.

Lucienne L. Cote
Signature of Officer
Date
Lucienne L. Cote
Print or Type Name of Officer
President
Title of Officer