RI SOS Filing Number: 202446712260 Date: 2/14/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

FEB 14 2024
$80 dl

1. Entity ID Number	2. Exact name of the Corporation
000013198	Parkview Manor Social Club
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: For Pleasure, Recreation and other Similar Non-Profit Purposes of the Residents of Parkview Manor
4. NAICS Code: 813410	

6. Principal Office Address	City	State	Zip
218 Pond ST	Woonsocket	RI	02895

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
George GAUVIN	Jackie Campopiano
Street Address: 218 Pond ST	Street Address: 218 Pond ST
City: Woonsocket / State: RI / Zip: 02895	City: Woonsocket / State: RI / Zip: 02895
Secretary Name: Gloria Bruce	Treasurer Name: Gerry Cartier
Street Address: 218 Pond ST	Street Address: 218 Pond ST
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 ☐

Director Name	Director Name
Same as above	Same as above
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name: Same as above	Director Name: Same as above
Street Address	Street Address
City / State / Zip	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, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
George GAUVIN	2/8/24

Signature of Officer/Authorized Representative: George GAUVIN

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

FORM 631 - Revised: 04/2023