



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

SBO DL

1. Entry 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 Pleasure, Recreation and other Similar Non-Profit purposes of the Residents of Parkview Manor			
4. NAICS Code 813410					
6. Principal Office Address 218 Pond ST		City Woonsocket	State RI	Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name George GAUVIN		Vice-President Name 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 George Fortier			
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 Same as above		Director Name 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 George GAUVIN					Date 2/8/24
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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