



State of Rhode Island
Department of State - Business Services Division

FILED
MAR 13 2024
BY *[Signature]*

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.

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|--|--|
| 1. Entity ID Number 30522 | 2. Exact name of the Corporation Woodward Road Social Club |
| 3. State of Incorporation Rhode Island | 5. Brief description of the character of business conducted in Rhode Island Place where members meet to socialize, organize functions such as parties, outings and charitable events. |
| 4. NAICS Code 813990 | |

| | | | |
|--|---------------------------------|--------------------|---------------------|
| 6. Principal Office Address 1421 Mineral Spring Avenue | City North Providence | State RI | Zip 02904 |
|--|---------------------------------|--------------------|---------------------|

| | | | |
|--|-----------------|--|-----------------|
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Paul Falso | | Vice-President Name Justin Brooks | |
| Street Address 11 Cora Street | | Street Address 11 Cora Street | |
| City North Prov. | State RI | City North Prov. | State RI |
| Zip 02911 | | Zip 02911 | |
| Secretary Name Jeanne Chu | | Treasurer Name Paul Falso | |
| Street Address 554 Woodward Road Apt 2 | | Street Address 11 Cora Street | |
| City North Prov | State RI | City North Prov | State RI |
| Zip 02904 | | Zip 02911 | |

| | | | |
|--|-----------------|--|-----------------|
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Richard Ando | | Director Name Julie Falso | |
| Street Address 5 Thelma Street | | Street Address 3 E-Cottage Street | |
| City North Prov | State RI | City Smithfield | State RI |
| Zip 02904 | | Zip 02917 | |
| Director Name Lisa Keonti | | Director Name Michael S. Verardo | |
| Street Address 554 Woodward Road Apt 1 | | Street Address 7 Potter Ave | |
| City North Prov | State RI | City Smithfield | State RI |
| Zip 02904 | | Zip 02917 | |

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.

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|---|------------------------------|
| Name of Officer/Authorized Representative Paul Falso, Pres | Date March 9, 2024 |
| Signature of Officer/Authorized Representative <i>Paul Falso, Pres</i> | |

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