



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 13 2024

BY

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.

1. Entity ID Number <b>30522</b>		2. Exact name of the Corporation <b>Woodward Road Social Club</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Place where members meet to socialize, organize functions such as parties, outings and charitable events.</b>	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>1421 Mineral Spring Avenue</b>		City <b>North Providence</b>	State <b>RI</b>
		Zip <b>02904</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Paul Falso</b>		Vice-President Name <b>Justin Brooks</b>	
Street Address <b>11 Cora Street</b>		Street Address <b>11 Cora Street</b>	
City <b>North Prov.</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Prov.</b>
Secretary Name <b>Jeanne Chu</b>		Treasurer Name <b>Paul Falso</b>	
Street Address <b>554 Woodward Road Apt 2</b>		Street Address <b>11 Cora Street</b>	
City <b>North Prov</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Prov</b>
		State <b>RI</b>	
		Zip <b>02911</b>	
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 <b>Richard Ando</b>		Director Name <b>Julie Falso</b>	
Street Address <b>5 Thelma Street</b>		Street Address <b>3 E-Cottage Street</b>	
City <b>North Prov</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Smithfield</b>
		State <b>RI</b>	
		Zip <b>02917</b>	
Director Name <b>Lisa Keonti</b>		Director Name <b>Michael S. Verardo</b>	
Street Address <b>554 Woodward Road Apt 1</b>		Street Address <b>7 Potter Ave</b>	
City <b>North Prov.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Smithfield</b>
		State <b>RI</b>	
		Zip <b>02917</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>Paul Falso, Pres</b>			Date <b>March 9, 2024</b>
Signature of Officer/Authorized Representative <b>Paul Falso, Pres</b>			

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov