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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.

1. Entity ID Number	2. Exact name of the Corporation
01745976	WOODLAND MANOR BINGO
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: SENIOR BINGO - WEEKLY ON WEDS.
4. NAICS Code: 713290	

6. Principal Office Address	City	State	Zip
20 WOODLAND DR #323	COUNTRY	RI	02816

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

President Name	Vice-President Name
HELEN HENRY	LINDA HAMEL
Street Address: 20 WOODLAND DR. #323	Street Address: 20 WOODLAND DR #203
City: COUNTRY State: RI Zip: 02816	City: COUNTRY State: RI Zip: 02816
Secretary Name	**Treasurer Name**
LOIS DARLING	HELEN HENRY
Street Address: 20 WOODLAND DR #127	Street Address: 20 WOODLAND DR #323
City: COU State: RI Zip: 02816	City: COUNTRY State: RI Zip: 02816

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
HELEN HENRY	LINDA HAMEL
Street Address: 20 WOODLAND DR #323	Street Address: 20 WOODLAND DR #203
City: COUNTRY State: RI Zip: 02816	City: COUNTRY State: RI Zip: 02816
Director Name	**Director Name**
LOIS DARLING	
Street Address: 20 WOODLAND DR #127	Street Address:
City: COUNTRY State: RI Zip: 02816	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
HELEN HENRY	08/19/24

Signature of Officer/Authorized Representative: Helen Henry

FILED
AUG 20 2024
BY DLOFA

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