RI SOS Filing Number: 202566591200 Date: 2/28/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

FILED
FEB 28 2025
BY

1. Entity ID Number	2. Exact name of the Corporation
000038614	Le Club Aram PoThier de Woonsocket
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: French eThnic, cultural and Fraternal
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
94 CarringTon Avenue	Woonsocket	R.I.	02895

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

President Name	Vice-President Name
Michael Eadie	Louise JeTreaulT
Street Address: 1 Fried Avenue	Street Address: 136 Reynolds STreet
City: BrisTol / State: RI / Zip: 02809	City: DaNielsoN / State: CT / Zip: 06239
Secretary Name	**Treasurer Name**
Trudy Lamoureux	Roger Brouillard
Street Address: 94 CarringTon Avenue	Street Address: 351 Robinson STreet
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
George Perron	Lenore M. Rheaume
Street Address: 216 Village Lane	Street Address: 94 CarringTon Avenue
City: Bellingham / State: MA / Zip: 02019	City: Woonsocket / State: RI / Zip: 02895
Director Name: Craig LaCouTure	Director Name: —
Street Address: 94 CarringTon Avenue	Street Address:
City: Woonsocket / State: RI / Zip: 02895	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
Roger Brouillard tieasurer	2/25/2025

Signature of Officer/Authorized Representative

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