

State of Rhode Island
Department of State - Business Services Division**FILED**

MAR 04 2025

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.

BY 1106

1. Entity ID Number 001685710		2. Exact name of the Corporation North Kingstown Women's Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Domestic Non-Profit Corporation			
4. NAICS Code 813319					
6. Principal Office Address PO Box 1855			City No. Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jo-Ann Wendolowski			Vice-President Name Michele Bednarick		
Street Address 39A Cucumber Hill Rd.			Street Address 10 Signal Rock Dr.		
City Foster	State RI	Zip 02825	City No. Kingstown	State RI	Zip 02852
Secretary Name Catherine Sears			Treasurer Name Dorothy Marshall		
Street Address 391 Shore Acres Ave.			Street Address 239 Hampton Way		
City No. Kingstown	State RI	Zip 02852	City Wakefield	State RI	Zip 02879
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 Jo-Ann Wendoloski			Director Name Catherine Sears		
Street Address 39A Cucumber Hill Rd.			Street Address 391 Shore Acres Ave.		
City Foster	State RI	Zip 02825	City No. Kingstown	State RI	Zip 02852
Director Name Michele Bednarick			Director Name Dorothy Marshall		
Street Address 10 Signal Rock Dr.			Street Address 239 Hampton Way		
City No. Kingstown	State RI	Zip 02852	City Wakefield	State RI	Zip 02879
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Dorothy Marshall				Date Feb. 28, 2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
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