



State of Rhode Island
Department of State - Business Services Division

REC'D RIBOS BSD
25 MAR 12 PM 2:00:58

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.

1. Entity ID Number 001749670		2. Exact name of the Corporation FAMILY AND FRIENDS SAVING AND BETTERMENT CLUB			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SAVINGS AND BETTERMENT OF MEMBERS OF THE CLUB			
4. NAICS Code 813410					
6. Principal Office Address 62 AMHERST AVENUE			City PAWTUCKET	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DANIEL DRAPER III			Vice-President Name KARDI WILLIAMS		
Street Address 62 AMHERST AVENUE			Street Address 62 AMHERST AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name PHILLETTA PAYNE			Treasurer Name DANIEL DRAPER III		
Street Address 62 AMHERST AVENUE			Street Address 62 AMHERST AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name DANIEL DRAPER III			Director Name PHILLETTA PAYNE		
Street Address 62 AMHERST AVENUE			Street Address 62 AMHERST AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name KARDI WILLIAMS			Director Name		
Street Address 62 AMHERST AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	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.					
<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 DANIEL DRAPER III				Date 02/26/2025	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY

FORM 631- Revised: 12/2023