State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2023
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
00026944	Ireland's 32 Society
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Creating a fraternal and social relationship among Irish American people.
4 NAICS Code: 813319 -	

6. Principal Office Address	City	State	Zip
66 Hope Street	Rumford	RI	02916

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

President Name	Vice-President Name
Mary Ann Barrat	Kristen Chapian
Street Address: 9 Gray Street	Street Address: 8 Mitris Boulevard
City: North Providence; State: RI; Zip: 02904	City: Lincoln; State: RI; Zip: 02865
Secretary Name: Cara McCarthy	**Treasurer Name:** Brien Johnston
Street Address: 219 Lynch Street Apt 2	Street Address: 66 Hope St.
City: Providence; State: RI; Zip: 02921	City: Rumford; State: RI; Zip: 02916

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
Maura Medrano	Joan O'Sullivan ~~(Deceased)~~
Street Address: 66 Hope St.	Street Address: 66 Hope St.
City: Rumford; State: RI; Zip: 02916	City: Rumford; State: RI; Zip: 02916
Director Name: Sandy McCarthy	**Director Name:**
Street Address: 12 Stuart Road	Street Address:
City: Cranston; State: RI; Zip: 02920	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.

FILED

Name of Officer/Authorized Representative: Kristen Chapian — Date: 12:15

MAY 13 2025

Signature of Officer/Authorized Representative: ~~Kristen Chapian~~ BY WCC72

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

FORM 631 Revised 12/2023