



State of Rhode Island
Department of State - Business Services Division

STATE

SECRETARY OF STATE
USE

REC'D: RIDS BSD
25 MAY 13 PM 12:11:18

Annual Report for the year: 2021

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 <u>00026944</u>		2. Exact name of the Corporation <u>Ireland's 32 Society</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>A non-profitable society for the prime purpose of creating a more fraternal and social relationship among Irish - American people.</u>			
4. NAICS Code <u>813319</u>					
6. Principal Office Address <u>66 HOPE STREET</u>			City <u>Rumford</u>	State <u>RI</u>	Zip <u>02916</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>MARY ANN BARBARY</u>			Vice-President Name <u>Ted Donnelly (deceased)</u>		
Street Address <u>9 Gray Street</u>			Street Address <u>14 WARREN STREET</u>		
City <u>North Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
Secretary Name <u>Cara McCarthy</u>			Treasurer Name <u>Bob Sheridan</u>		
Street Address <u>218 Lynch Street APT 2</u>			Street Address <u>86 Hope St.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>Rumford</u>	State <u>RI</u>	Zip <u>02916</u>
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 <u>Kevin Donnelly</u>			Director Name <u>Gail Mitchell</u>		
Street Address <u>149 ISABELLA AVENUE</u>			Street Address <u>103 Cool Spring Drive</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Director Name <u>Michael Greig</u>			Director Name		
Street Address <u>107 Arthur St.</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	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.					
<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 <u>Kristen Chapian</u>			FILED		Date
Signature of Officer/Authorized Representative <u>Kristen Chapian</u>			MAY 13 2025 12:13		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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