

A. Raiph Mollis, Secretary of State

State of knode Island and Providence Plantations

Office of the Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

to a penalty fee of \$25.00.

to a penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation					
27925	North Providence Women's Democratic League					
3. State of Incorporation	4. Corporate dutaress in house issuits - Sweet factoress			City	$_{\rm OV}$ Zip 02904	ı
Rhode Island	Rhode Island 22 Rockwell Street			No.Pr		1
5. Foreign corporation. Enter princ	cipal office address		City	State	Ζip	
				<u>l</u>		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
Social Activities 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
7. NAMES AND ADDRESSES	S OF THE OFFICERS:	("X" BOX FOR ATTACHI		ELOWE Dallar	JATIACHMENIS	
President Name			Vice President Name Loretta Sullivan			
Janice E.	Pucci					
Street Address 22 Rockwell Street			Street Address 90 Jacksonia Drive			
City	State	Ζip	City	State	$\frac{z_{\Psi}}{02911}$	
No.Prov	RI	02904	No. Prov.	RI	02911	L
Secretary Name		Treasurer Name				
D. Minnie Russo			Diane Mooney Rench			
Street Address 19 Penrose Street			Street Address 7 Smith Street			
City	State	Zip	City	State	^{Ζφ} 0291]	1
No. Prov	RI	02911	No. Prov	RI	02913	L
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECT	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION SHALL NOT	BE LESS THA	<u>N THREE</u> (3). R.I.G.L.	7-6-23
Director Name			Director Name			
Janice E. Pucci			D. Minnie Russo			
Street Address	······································	Street Address				
22 Rockwell Street			19 Penrose Street			
City	State	Ζip	City	State	Zip	
No. Prov	RI	02904	No. Prov	RI	02.91	1
Director Name		Director Name				
Diane Mooney Rench			Loretta Sullivan			
Street Address			Street Address			
1637 Smith Street			90 Jacksonia Drive			
City	State	Zip	City	State	Zφ	
No. Prov.	RI	02911	No. Prov	RI	0291	1
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78						
Agent Name		Address				
Janice E.		22 Rockwell Street				
Address 22 Bookers 13 Stroot			No. Prov. Zip 02904			
22 Rockwell Street No. Prov. 02904						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein are true and correct.
Check NoJUN 2 3 2008	Signature of Officer Date JANICE E. PUCCI
By: By 155	Print on Type Name of Officer Lesislest
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 12/06