



**State of Rhode Island and Providence Plantations**  
**Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
 148 W. River Street  
 Providence RI 02904-2615  
 (401) 222-3040

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**Non-Profit Corporation  
Annual Report**  
 Filing Period: June 1 - June 30

[Help with this form](#)

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

<b>ANNUAL REPORT YEAR: 2010</b>			
1. Corporate ID No.    000027725			
2. Name of Corporation <u>NORTH END DEMOCRATIC CLUB</u>			
3. State of Incorporation			
State: RI			
4. Corporate Address in Rhode Island			
No. and Street:    226 SOUTH MAIN STREET			
City or Town:    PROVIDENCE	State: RI	Zip: 02903	Country: USA
5. Foreign Corporation. Enter Principal Office Address			
No. and Street:			
City or Town:	State:	Zip:	Country:
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island			
<u>TO EFFECTUATE THE ELECTION OF HONEST AND SINCERE PUBLIC OFFICIALS IN THE NORTH END OF PROVIDENCE AND THE TOWN OF NORTH PROVIDENCE</u>			
7. Names and Addresses of the Officers and Directors:			
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			

FILED

JUN 22 2010

BY 46718

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	CAROL A ROMANO	31 MANHATTAN STREET PROVIDENCE, RI 02904- USA
<input type="checkbox"/>	DIRECTOR	DOMINICK RUGGERIO	1046 DOUGLAS AVENUE PROVIDENCE, RI 02904 USA
<input type="checkbox"/>	DIRECTOR	GERALD DESIDERATO	100 JOB STREET PROVIDENCE, RI 02904 USA
<input type="checkbox"/>	DIRECTOR	ALFRED TRAMONTANO	1108 CHARLES STREET PROVIDENCE, RI 02904 USA
<input type="checkbox"/>	DIRECTOR	ESTLLE MANCINI	52 EDGEWORTH AVENUE PROVIDENCE, RI 02904 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ALBERT J. LEPORE 226 SOUTH MAIN STREET PROVIDENCE , RI 02903

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.**

**Filer's Contact Information**  
*(Enter a contact name, mailing address and email.)*

Contact Name:  
 Business Name:  
 No. and Street: - Same Address as -  
 City or Town: State: Zip: Country:  
 Contact Phone: ext:  
 Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 7 Day of June, 2010 at 10:00:56 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6-13.*

By *Carol A Romano*  
 Signature of Officer of the Corporation  
*CAROL A. Romano*  
*President*

**FILED**  
 JUN 22 2010  
 BY *27725*