



State of Rhode Island
Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2022 DEC -5 A 9 34

1. Entity ID Number 000027737		2. Exact name of the Corporation LE CLUB PAR X Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SOCIAL CLUB			
4. NAICS Code 813410					
6. Principal Office Address 36 STANLEY AVENUE			City WOONSOCKET	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KRIS AGUIAR			Vice-President Name LINDA DUGUAY		
Street Address 109 BRADLEY ST.			Street Address 18 AYLSWORTH AVE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name DAVID BERGERON			Treasurer Name DANIELLE LIMA		
Street Address 15 McCANN ST			Street Address 38 READ AVE		
City NO. SMITHFIELD	State RI	Zip 02896	City WOONSOCKET	State RI	Zip 02895
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 KRIS AGUIAR			Director Name LINDA DUGUAY		
Street Address 109 BRADLEY ST			Street Address 18 AYLSWORTH AVE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name DAVID BERGERON			Director Name DANIELLE LIMA		
Street Address 15 McCANN ST			Street Address 38 READ AVE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 DANIELLE LIMA				Date 12/2/22	
Signature of Officer/Authorized Representative <i>Danielle Lima</i>				FILED 936	

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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