



Annual Report for the year: 2022  
 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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 BUS SVCS DIV

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

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

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