



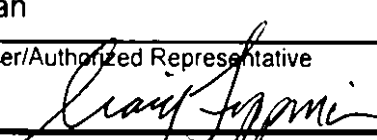
Department of State - Business Services Division

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.

FILED STAMP
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 FEB 14 AM 8:42

1. Entity ID Number 000026448		2. Exact name of the Corporation Anawan Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social			
4. NAICS Code 813319 - Other Social Advoc <input type="checkbox"/>					
6. Principal Office Address 25 Shore Drive		City Warren	State RI	Zip 02885	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Art Warner		Vice-President Name Bob Mahel			
Street Address 9 Mine Brook Rd		Street Address 859 Hope Street			
City Rehoboth	State MA	Zip 02869	City Bristol	State RI	Zip 02809
Secretary Name Craig Lippman		Treasurer Name Fred Gordon			
Street Address 25 Shore Dr		Street Address 39 Wildflower Dr			
City Warren	State RI	Zip 02885	City Seekonk	State MA	Zip 02771
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 John Bouchard		Director Name David Harrison			
Street Address 250 Homestead Ave		Street Address 17 Chace Ave			
City Rehoboth	State MA	Zip 02769	City Warren	State RI	Zip 02885
Director Name Russel Kawa		Director Name James Sweeney			
Street Address 225C Weaver Hill Rd		Street Address 41 Bayberry Hill Rd			
City West Greenwich	State RI	Zip 02817	City Attleboro	State MA	Zip 02703
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.					
<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 Craig Lippman				Date 2/8/2023	
Signature of Officer/Authorized Representative 				FILED	

FILED
FEB 14 2023
 BY **86090**
A.A. 8:45 A.M.