



**Department of State - Business Services Division**

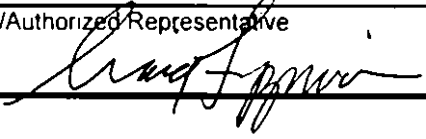
**Annual Report for the year:** 2022  
**Non-Profit Corporation**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

**STAMP**

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 FEB 14 AM 8:42

1. Entity ID Number <b>000026448</b>		2. Exact name of the Corporation <b>Anawan Club</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Social</b>			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address <b>25 Shore Drive</b>		City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</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>Art Warner</b>			Vice-President Name <b>Craig Lippman</b>		
Street Address <b>9 Mine Brook Rd</b>			Street Address <b>25 Shore Dr</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02869</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>Craig Lippman</b>			Treasurer Name <b>Fred Gordon</b>		
Street Address <b>25 Shore Dr</b>			Street Address <b>39 Wildflower Dr</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John Bouchard</b>			Director Name <b>Robert Hamel</b>		
Street Address <b>250 Homestead Ave</b>			Street Address <b>859 Hope Street</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>Andrew Correia</b>			Director Name <b>James Sweeney</b>		
Street Address <b>142 West Main Street</b>			Street Address <b>41 Bayberry Hill Rd</b>		
City <b>Wickford</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</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 duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Craig Lippman</b>				Date <b>2/8/2023</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

**FEB 14 2023**  
 BY 810790  
 AA. 8:43 A.M.