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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

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.

| | | | | | |
|--|-----------------|---|---|---------------------------|------------------|
| 1. Entity ID Number 001749670 | | 2. Exact name of the Corporation FAMILY AND FRIENDS SAVING AND BETTERMENT CLUB | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island SAVINGS AND BETTERMENT OF MEMBERS OF THE CLUB | | | |
| 4. NAICS Code 813410 | | | | | |
| 6. Principal Office Address 62 AMHERST AVENUE | | City PAWTUCKET | State RI | Zip 02860 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name DANIEL DRAPER III | | | Vice-President Name | | |
| Street Address 62 AMHERST AVENUE | | | Street Address | | |
| City PAWTUCKET | State RI | Zip 02860 | City | State | Zip |
| Secretary Name KARDI WILLIAMS | | | Treasurer Name | | |
| Street Address 62 AMHERST AVENUE | | | Street Address | | |
| City PAWTUCKET | State RI | Zip 02860 | City | State | Zip |
| 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 KARDI WILLIAMS | | | Director Name DANIEL DRAPER III | | |
| Street Address 62 AMHERST AVENUE | | | Street Address 62 AMHERST AVENUE | | |
| City PAWTUCKET | State RI | Zip 02860 | City PAWTUCKET | State RI | Zip 02860 |
| Director Name PHILLETTA PAYNE | | | Director Name | | |
| Street Address 103 SAMUEL AVENUE PAWTUCKET | | | Street Address | | |
| City PAWTUCKET | State RI | Zip 02860 | City | State | Zip |
| 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 DANIEL DRAPER III | | | | Date 02/06/2024 | |
| Signature of Officer/Authorized Representative | | | | FILED | |

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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BY Ewja7
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