



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** June 1 - June 30 • **Filing Fee:** \$20.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

|   |               |   |   |                  |              |
|---|---------------|---|---|------------------|--------------|
| 1. Corporate ID No.<br>27609  |               | 2. Name of Corporation<br>BRADFORD CITIZEN'S CLUB                           |   |                  |              |
| 3. State of Incorporation<br>RHODE ISLAND   |               | 4. Corporate address in Rhode Island - Street Address<br>124 WOODY HILL RD. |   | City<br>BRADFORD | Zip<br>02808 |
| 5. Foreign corporation. Enter principal office address  |               |   | City                                    | State            | Zip          |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>SELF IMPROVEMENT TO BENEFIT GOOD FELLOWSHIP AMONG MEN OF THE COMMUNITY, TO FOSTER AND INCULCATE THE IDEAS OF THE DEMOCRACY. TO PROVIDE SUITABLE MEANS FOR RECREATION AND |               |   |   |                  |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |               |   |   |                  |              |
| President Name<br>WILLIAM LAMB  |               |   | Vice President Name<br>BRYAN J. CAPALBO |                  |              |
| Street Address<br>4 SHERMAN AVE   |               |   | Street Address<br>42 SCHOOL ST.         |                  |              |
| City<br>KENYON  | State<br>R.I. | Zip<br>02836  | City<br>WESTERT                         | State<br>R.I.    | Zip<br>02891 |
| Secretary Name<br>RAYMOND J. PAPALBO  |               |   | Treasurer Name<br>GEORGE DELICATO       |                  |              |
| Street Address<br>527 KLOKOIKE RD.  |               |   | Street Address<br>112 CHURCH ST.        |                  |              |
| City<br>CHARLESTOWN   | State<br>R.I. | Zip<br>02813  | City<br>BRADFORD                        | State<br>R.I.    | Zip<br>02808 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |               |   |   |                  |              |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23  |               |   |   |                  |              |
| Director Name<br>RONALD HARKNESS  |               |   | Director Name<br>BRYAN J. PAPALBO       |                  |              |
| Street Address<br>153 KEUHN RD.   |               |   | Street Address<br>42 SCHOOL ST.         |                  |              |
| City<br>HOPKINTON   | State<br>R.I. | Zip<br>02833  | City<br>WESTERT                         | State<br>R.I.    | Zip<br>02891 |
| Director Name<br>JOHN GROVE   |               |   | Director Name                           |                  |              |
| Street Address<br>43 A SHERMAN AVE.   |               |   | Street Address                          |                  |              |
| City<br>KENYON  | State<br>R.I. | Zip<br>02836  | City                                    | State            | Zip          |
| 9. REGISTERED AGENT IN RHODE ISLAND   |               |   |   |                  |              |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78  |               |   |   |                  |              |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date JUN 20 2011  
 Check No. 11107  
 By: BY  
 FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Raymond J. Capalbo Date 6/18/11  
 Print or Type Name of Officer RAYMOND J. CAPALBO  
 Title of Officer FINANCIAL SEC.