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.	2. Name of Corporation: 828 CLUB		
3. State of Incorporation: RI	4. Corporate address in Rhode Island - Street Address: 828 CHARLES ST	City: PROVIDENCE	Zip: 02904
5. **Foreign corporation.** Enter principal office address	City	State: RI	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island: SOCIAL CLUB

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: JOHN EMMA			Vice President Name: NONE		
Street Address: 1 MARK DRIVE			Street Address:		
City: NORTH PROVI	State: RI	Zip: 02904	City	State	Zip
Secretary Name: NONE			Treasurer Name: NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ 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: JOHN EMMA			Director Name: RUSSELL PASCETTA		
Street Address: 1 MARK DRIVE			Street Address: 7 RICCI DRIVE		
City: NORTH PROVIDENCE	State: RI	Zip: 02911	City: NORTH PROVIDENCE	State: RI	Zip: 02911
Director Name: JOSEPH CASTIGLIONE			Director Name: NONE		
Street Address: 16 BENO ST			Street Address:		
City: PROVIDENCE	State: RI	Zip: 02904	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND: JOSEPH CASTIGLIONE

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

[redacted] [redacted]

FILED
File Date: OCT 27 2011
Check No.:
By: JMD 29-155345
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John J. Emma 10-27-11
Signature of Officer *Date*

JOHN EMMA
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 631 Rev. 09/17