



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**2014**

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |                    |   |  |                    |                     |
|---|--------------------|---|--|--------------------|---------------------|
| 1. Entity ID No.<br><b>7575</b>   |                    | 2. Exact name of the Corporation<br><b>ST. ANTHONY CLUB, INC.</b> |  |                    |                     |
| 3. Principal office address<br><b>1 VOLTURNO STREET</b>   |                    | City<br><b>NORTH PROVIDENCE</b>                                   |  | State<br><b>RI</b> | Zip<br><b>02904</b> |
| 4. Business Phone No.<br><b>(401) 726-9177</b>  |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                  |  |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>OWNING, OPERATING, MAINTAINING AND MANAGING A BUILDING TO BE USED BY ST. ANTHONY COUNCIL NO. 1618, KNIGHTS OF COLUMBUS AND ANYTHING ALLIED THERETO.</b> |                    |   |  |                    |                     |
| President Name<br><b>JOHN G. ABOOD</b>  |                    |   | Vice-President Name<br><b>MICHAEL J. COLUCCI</b>     |                    |                     |
| Street Address<br><b>101 GLOVER STREET</b>  |                    |   | Street Address<br><b>176 LITTLE POND COUNTY ROAD</b> |                    |                     |
| City<br><b>PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02908</b>   | City<br><b>CUMBERLAND</b>                            | State<br><b>RI</b> | Zip<br><b>02864</b> |
| Secretary Name<br><b>MICHAEL J. COLUCCI</b>   |                    |   | Treasurer Name<br><b>JOSEPH G. SALEM</b>             |                    |                     |
| Street Address<br><b>176 LITTLE POND COUNTY ROAD</b>  |                    |   | Street Address<br><b>14 CONIFER DRIVE</b>            |                    |                     |
| City<br><b>CUMBERLAND</b>   | State<br><b>RI</b> | Zip<br><b>02864</b>   | City<br><b>NORTH PROVIDENCE</b>                      | State<br><b>RI</b> | Zip<br><b>02864</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>  |                    |   |  |                    |                     |
| Director Name<br><b>JOHN G. ABOOD</b>   |                    |   | Director Name<br><b>ROBERT D. BROWN, JR.</b>         |                    |                     |
| Street Address<br><b>101 GLOVER STREET</b>  |                    |   | Street Address<br><b>61 OREGON AVENUE</b>            |                    |                     |
| City<br><b>PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02908</b>   | City<br><b>NORTH PROVIDENCE</b>                      | State<br><b>RI</b> | Zip<br><b>02911</b> |
| Director Name<br><b>EDWARD F. CLARK</b>   |                    |   | Director Name<br><b>SYLVESTER COLETTA, JR.</b>       |                    |                     |
| Street Address<br><b>37 SHERRI DRIVE</b>  |                    |   | Street Address<br><b>101 GLOVER STREET</b>           |                    |                     |
| City<br><b>NORTH PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02911</b>   | City<br><b>PROVIDENCE</b>                            | State<br><b>RI</b> | Zip<br><b>02908</b> |
| 9. SHARES AUTHORIZED <input checked="" type="checkbox"/> 10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/>  |                    |   |  |                    |                     |
| This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of instruction sheet.   |                    |   | NUMBER OF SHARES                                     | CLASS/SERIES       | PAR VALUE           |
|   |                    |   | 748  | COMMON             | \$10.00 PAR         |
|   |                    |   |  |                    |                     |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 G. Abood*  
Signature of Authorized Representative  
**JOHN G. ABOOD - PRESIDENT**

**02/24/2014**  
Date

Print or Type Name of Authorized Representative

**FILED**  
**FEB 26 2014**  
**By 49-218327**  
**A.A.**

**EXHIBIT A**  
(NAME AND ADDRESS OF DIRECTORS)

1. John G. Abood  
101 Glover Street, Providence, RI 02908
2. Robert D. Brown, Jr.  
61 Oregon Avenue, North Providence, RI 02911
3. Edward F. Clark  
37 Sherri Drive, North Providence, RI 02911
4. Sylvester Coletta, Jr.  
101 Glover Street, Providence, RI 02908
5. David T. Colucci  
29 Whipple Court, North Providence, RI 02911
6. Michael J. Colucci  
176 Little Pond County Road, Cumberland, RI 02864
7. Paul A. Falso  
10 Stony Lane, Smithfield, RI 02917
8. Gary D. Forloney  
26 Naples Avenue, Providence, RI 02908
9. Edward Mourachian  
19 Betsy Williams Circle, Johnston, RI 02919
10. Joseph G. Salem  
14 Conifer Drive, North Providence, RI 02904
11. Raymond A. Wnuk  
30 Conifer Drive, North Providence, RI 02904

2014 FEB 26 AM 9:52  
SECRETARY OF STATE  
CORPORATIONS DIV