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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. **29633**	2. Exact name of the Corporation **Club Twenty-One**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **Pub and entertainment facility serving our campus community.**

5. Principal office address	City	State	Zip
Room 410 Harkins Hall, 1 Cunningham Sq.	**Providence**	**RI**	**02918**

6. ☐

President Name: **Warren Gray**			Vice-President Name: **Dr. Steven Sears**		
Street Address: **125 Coggeshall Ave.**			Street Address: **21 Hawthorne Dr.**		
City: **Newport**	State: **RI**	Zip: **02840**	City: **Seekonk**	State: **MA**	Zip: **02771**
Secretary Name: **Gail Dyer**			Treasurer Name: **Mark McGovern**		
Street Address: **1 Massasoit Ct.**			Street Address: **95 Crosswynds Dr.**		
City: **Narragansett**	State: **RI**	Zip: **02882**	City: **Saunderstown**	State: **RI**	Zip: **02874**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: **Marifrances McGinn**			Director Name: **Joseph Gemma**		
Street Address: **45 Kenton Ave.**			Street Address: **16 Isabella Ave.**		
City: **Rumford**	State: **RI**	Zip: **02916**	City: **Providence**	State: **RI**	Zip: **02908**
Director Name: **John Sweeney**			Director Name: **Kristine Goodwin**		
Street Address: **19 Randolph Dr.**			Street Address: **110 Riverside Dr.**		
City: **Glastonbury**	State: **CT**	Zip: **06033**	City: **Wrentham**	State: **MA**	Zip: **02093**

SECRETARY OF STATE CORPORATIONS DIV
2014 MAR 24 PM 12:01

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date ____________
Check No ____________
By: ____________
FOR SECRETARY OF STATE USE ONLY

FILED 12:01 pm
MAR 24 2014
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KM

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 ____________ Date **3/18/14**

Warren S. Gray
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012