



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 99755		2. Exact name of the Corporation Circolo D'Abornida Club			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Social Club			
5. Principal office address 65 Pontiac Street		City Warwick		State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven A. Callahan		Vice-President Name Donald Torres			
Street Address 135 Amanda Street		Street Address 3 Robin's Way			
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02888
Secretary Name William Paul		Treasurer Name Mark Kusiak			
Street Address 62 West Warwick Avenue, Apt.#1		Street Address 61 Knotty Oak Shores			
City West Warwick	State RI	Zip	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Patrick J. Brown		Director Name William Jankowski			
Street Address 10 Valley Crest Drive		Street Address 199 Pine Grove Avenue			
City West Warwick	State RI	Zip	City Warwick	State RI	Zip
Director Name Robert Vermilye		Director Name			
Street Address 24 Railroad Row		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
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, duly Authorized Representative, Receiver, or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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 or Authorized Representative Steven A. Callahan Date 5/31/14

Steven A. Callahan, Presidenteent

Print or Type Name of Officer or Authorized Representative