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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

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.	2. Exact name of the Corporation
27053	Barrington Democratic Club
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Social / private club

5. Principal office address	City	State	Zip
186 Roftee Street	Barrington	RI	02806

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Scott Cioe	John Dipiero
Street Address	Street Address
25 Harvey Avenue	27 Brow Street Apt. 2
City / State / Zip	City / State / Zip
Riverside / RI / 02915	Barrington / RI / 02806
Secretary Name	**Treasurer Name**
Richard Doughty	Michael McGill
Street Address	Street Address
23 Peach Orchard Drive	8 Woodland Avenue
City / State / Zip	City / State / Zip
Riverside / RI / 02915	East Providence / RI / 02914

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

Director Name	Director Name
Tony Brandao	Jerry Tobias
Street Address	Street Address
21 Peach Orchard Drive	Willow Way
City / State / Zip	City / State / Zip
Riverside / RI / 02915	Barrington / RI / 02906
Director Name	**Director Name**
Dennis Perry	
Street Address	Street Address
22 Winsor Drive	
City / State / Zip	City / State / Zip
Barrington / RI / 02806	

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
JUL 24 2014
1029

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 — Date: 7/6/14

Michael McGill
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

109528-3-976313