



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
29633		Club Twenty-One			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Pub and entertainment facility serving our campus community.			
5. Principal Office Address		City	State	Zip	
1 Cunningham Square		Providence	RI	02918	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dr. Steven Sears		Vice-President Name Warren Gray			
Street Address 21 Hawthorne Dr.		Street Address 125 Coggeshall Ave			
City Seekonk	State MA	Zip 02771	City Newport	State RI	Zip 02840
Secretary Name Gail Dyer		Treasurer Name Mark McGovern			
Street Address 1 Massasoit Ct.		Street Address 95 Crosswinds Dr.			
City Narragansett	State RI	Zip 02882	City Saunderstown	State RI	Zip 02874
7. List ALL directors (names and addresses). If Corporations MUST list at least THREE directors. Check the box to indicate an 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
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
WARREN S. GRAY VICE PRESIDENT				5/24/16	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED

JUN 02 2016

BY

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