State of Rhode Island and Providence Plantations Office of the Secretary of State					
	Division Of Business	Services			
	148 W. River St				
	Providence RI 0290 (401) 222-304				
HOPE	(401) 222-30-	+0			
Non-Profit Corporation					
Annual Report					
Filing Period: June 1 - June 30					
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.					
ANNUAL REPORT YEAR: 2016					
1. Corporate ID No. 000032074					
2. Name of Corporation <u>The Protective Club</u>					
3. State of Incorporation					
State: <u>RI</u>					
4. Corporate Address in Rhode Island					
No. and Street: 596 THAMES STREET					
City or Town: NEWPOR	<u>State</u> :	RI Zip: <u>02840</u> C	ountry: USA		
5. Foreign Corporation. Enter Principal Office Address					
No. and Street:					
City or Town: State: Zip: Country:					
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island					
PROVIDING ITS MEMBERS WITH SOCIAL, RECREATIONAL AND SPORTING FACILITIES					
AND PROMOTING GOOD FELLOWSHIP					
7. Names and Addresses of the Officers and Directors:					
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete					
THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.					
7-6-23					
Title	Individual Name	Address			
	First, Middle, Last, Suffix	Address, City or Town, State,	Zip Code, Country		
PRESIDENT	JACQUELINE ANN MINK	7 MORTON NEWPORT, RI 028			
DIRECTOR	FRANK AMARAL	5 CASEY C NEWPORT, RI 028			

DIRECTOR	DAVID JENKINS	4 BEACH RD. NEWPORT, RI 02840 USA		
DIRECTOR	BRUCE ANTHONY MONIZ	4 SUNSET HILL RD. MIDDLETOWN, RI 02840 USA		
8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 JOHN F. HARRINGTON 596 THAMES STREET NEWPORT, RI 02840				
9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.				
Signed this 2 Day of July, 2016 at 1:49:12 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.				
By JOHN T HARRINGTON Signature of Authorized Person				
Form No. 631 Revised 09/07				
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