



Department of State - Business Services Division

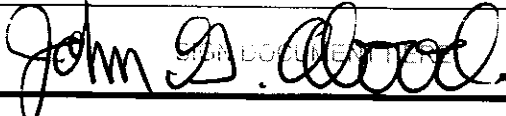
Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 FEB 28 PM 1:27

1. Entity ID Number 7575		2. Exact name of the Corporation ST. ANTHONY CLUB, INC.	
3. Principal Office Address 101 GLOVER STREET		City PROVIDENCE	State RI
		Zip 02908	
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island OWNING, OPERATING, MAINTAINING AND MANAGING A BUILDING TO BE USED BY ST. ANTHONY COUNCIL NO. 1618, KNIGHTS OF COLUMBUS AND ANYTHING ALLIED THERETO.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN G. ABOOD		Vice-President Name MICHAEL J. COLUCCI	
Street Address 101 GLOVER STREET		Street Address 94 FAIRHAVEN ROAD	
City PROVIDENCE	State RI	City CUMBERLAND	State RI
Zip 02908		Zip 02864	
Secretary Name MICHAEL J. COLUCCI		Treasurer Name JOSEPH G. SALEM	
Street Address 94 FAIRHAVEN ROAD		Street Address 14 CONIFER DRIVE	
City CUMBERLAND	State RI	City NORTH PROVIDENCE	State RI
Zip 02864		Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name JOHN G. ABOOD		Director Name ROBERT D. BROWN, JR.	
Street Address 101 GLOVER STREET		Street Address 32 KING STREET	
City PROVIDENCE	State RI	City COVENTRY	State RI
Zip 02908		Zip 02816	
Director Name EDWARD F. CLARK		Director Name SYLVESTER COLETTA, JR.	
Street Address 37 SHERRI DRIVE		Street Address 101 GLOVER STREET	
City NORTH PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02911		Zip 02908	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		725 COMMON \$10.00 PAR	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.			
Name of Authorized Representative JOHN G. ABOOD, PRESIDENT		Date 02/28/2017	
Signature of Authorized Representative 		FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

FEB 28 2017

BY 3379 KIM

EXHIBIT A
(NAME AND ADDRESS OF DIRECTORS)

1. John G. Abood
101 Glover Street, Providence, RI 02908
2. Robert D. Brown, Jr.
32 King Street, Coventry, RI 02816
3. Edward F. Clark
37 Sherri Drive, North Providence, RI 02911
4. Sylvester Coletta, Jr.
101 Glover Street, Providence, RI 02908
5. David T. Colucci
29 Whipple Court, North Providence, RI 02911
6. Michael J. Colucci
176 Little Pond County Road, Cumberland, RI 02864
7. Paul A. Falso
10 Stony Lane, Smithfield, RI 02917
8. Gary D. Forloney
26 Naples Avenue, Providence, RI 02908
9. Edward Mourachian
19 Betsy Williams Circle, Johnston, RI 02919
10. Joseph G. Salem
14 Conifer Drive, North Providence, RI 02904
11. Raymond A. Wnuk
30 Conifer Drive, North Providence, RI 02904