



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 1007646		2. Exact name of the Corporation Knight Street Social Club			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Private club to promote welfare of the community of Knightsville and membership			
5. Principal Office Address 12 Tripoli Street			City West Warwick	State RI	Zip 02893
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Hebert Jr			Vice-President Name Orlando Marzilli		
Street Address 30 Knight Street			Street Address 3 Saxonla Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Joseph Costanzo			Treasurer Name Joseph Costanzo		
Street Address 12 Tripoli Street			Street Address 12 Tripoli Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Hebert Jr.			Director Name Joseph Costanzo		
Street Address 30 Knight Street			Street Address 12 Tripoli Street		
City Cranston	State RI	Zip 02920	City West Warwick	State RI	Zip 02893
Director Name Orlando Marzilli			Director Name none		
Street Address 3 Saxonla Road			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Joseph Costanzo Treasurer				Date 5/2/2017	
Signature of Officer/Authorized Representative 					

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

FILED

MAY 08 2017

BY

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FORM 631 - Revised: 02/2017