



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.

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 BUS SVCS DIV  
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1. Entity ID Number <b>26420</b>		2. Exact name of the Corporation <b>AMICI CLUB</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Social meeting place for Italians and other American people. Social business and community related subjects</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>228 Providence Street</b>		City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Thomas Castaldi</b>		Vice-President Name <b>Dick Petracca</b>			
Street Address <b>7 Decafield RD</b>		Street Address <b>228 Providence St</b>			
City <b>Cowdrey</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>West Warwick RI</b>	Zip <b>02893</b>	
Secretary Name <b>John Enis</b>		Treasurer Name			
Street Address <b>230 Providence Street</b>		Street Address			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>SKILLEN RICE</b>		Director Name <b>DAVID J. STOLEY</b>			
Street Address <b>50 SYCAMORE DRIVE</b>		Street Address <b>63 EAST MAIN ST</b>			
City <b>West Warwick RI</b>	Zip <b>02893</b>	City <b>West Warwick RI</b>	Zip <b>02893</b>		
Director Name <b>John Enis</b>		Director Name			
Street Address <b>230 Providence St</b>		Street Address			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
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 <b>David J. Stoley</b>				Date <b>6/26/17</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b> JUN 26 2017 BY <u>116922862</u>	

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