



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

Annual Report for the year: 2018
 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 00009715		2. Exact name of the Corporation ROD AND REEL FISHERMANS CLUB OF SOUTH PROVIDENCE			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ASSIST CHILDREN OF THE POLICE AND STATE POLICE, FIREMEN, ETC.			
4. NAICS Code 813219					
6. Principal Office Address 199 THURBERS AVE			City PROVIDENCE	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANCIS A. HARDY JR.			Vice-President Name ANTHONY JOHNSON		
Street Address 194 BAKER STREET			Street Address 97 THURSDAY		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Secretary Name JOEANNE WASHINGTON			Treasurer Name MONTREL J. NORRIS		
Street Address 78 CYPRESS ST			Street Address 240 OXFORD ST		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02905
8. 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 LEON COLLINS			Director Name SILVERIO FORTES		
Street Address 182 REYNOLD AVENUE			Street Address 1055 CARDONA STREET		
City PROVIDENCE	State RI	Zip 02905	City EAST PROVIDENCE	State RI	Zip 02914
Director Name DONALD CLIFTON			Director Name		
Street Address 28 HILTON STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	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.					
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 MICHAEL J. NORRIS					Date 6-1-18
Signature of Officer/Authorized Representative <i>M J Norris</i>					SIGN DOCUMENT HERE

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

JUN 07 2018

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