



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 28719		2. Exact name of the Corporation ⁽¹⁰⁰⁾ The One Hundred Club of Rhode Island		
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provide help for spouse and dependents of police and fireman killed in the line of duty		
4. NAICS Code 813990 - Other Similar Orgar <input type="checkbox"/>				
6. Principal Office Address 222 Chestnut Street		City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name James R. Grundy		Vice-President Name Joseph Terino, Jr.		
Street Address 131 Shady Cove Road		Street Address 15 Justin Road		
City North Kingstown	State RI	Zip 02852	City East Greenwich	State RI Zip 02818
Secretary Name Lorraine C. Slaney		Treasurer Name Edward J. Marchwicki, Jr.		
Street Address 23 Royal Avenue		Street Address 222 Chestnut Street		
City Providence	State RI	Zip 02904	City Providence	State RI Zip 02903
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 James R. Grundy		Director Name Joseph Terino, Jr.		
Street Address 131 Shady Cove Road		Street Address 15 Justin Road		
City North Kingstown	State RI	Zip 02852	City East Greenwich	State RI Zip 02818
Director Name Lorraine C. Slaney		Director Name Edward J. Marchwicki, Jr.		
Street Address 23 Royal Avenue		Street Address 222 Chestnut Street		
City Providence	State RI	Zip 02904	City Providence	State RI Zip 02903
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 Edward J. Marchwicki, Jr.			Date June 13, 2018	
Signature of Officer/Authorized Representative 				

SIGN DOCUMENT WITH **FILED**

JUN 18 2018

BY 1504 DS

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