



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 <b>29633</b>		2 Exact name of the Corporation <b>Club Twenty-One</b>			
3 State of Incorporation <b>RI</b>		5 Brief description of the character of business conducted in Rhode Island <b>Pub and entertainment facility serving our campus community.</b>			
4 NAICS Code <b>611310 - Colleges, Universities</b>					
6 Principal Office Address <b>1 Cunningham Square</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02918</b>
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Dr. Steven Sears</b>			Vice-President Name <b>None</b>		
Street Address <b>21 Hawthorne Drive</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
Secretary Name <b>Gail Dyer</b>			Treasurer Name <b>None</b>		
Street Address <b>1 Massasoit Ct.</b>			Street Address		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
8 List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John Sweeney</b>			Director Name <b>Joseph Gemma</b>		
Street Address <b>10 Pier Market Place</b>			Street Address <b>16 Isabella Ave</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Kristine Goodwin</b>			Director Name		
Street Address <b>110 Riverside Drive</b>			Street Address		
City <b>Wrentham</b>	State <b>MA</b>	Zip <b>02093</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>John M. Sweeney</b>					Date <b>2/7/19</b>
Signature of Officer/Authorized Representative <i>John M. Sweeney</i>					SIGN DOCUMENT HERE

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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BY

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