



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

Annual Report for the year: 2018
 Non-Profit Corporation

FILED **STAMP**

JUN 06 2019 *DL*

7129

RY

- 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 000030701		2. Exact name of the Corporation PRESENTATION COLUMBUS CLUB	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island CLUB MEETINGS, SOCIAL EVENTS, CLUB EVENTS, MEMBERS SOCIALIZING.	
4. NAICS Code 813110			
6. Principal Office Address 15 BASSETT ST.		City N. PROV.	State R.I. Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name GARY SCOLARDI		Vice-President Name GERARD J BARSALOU	
Street Address 162 WEST LAWN AVE.		Street Address 2 GEORGE ST. APT F	
City PAWTUCKET	State R.I.	City PLANVILLE	State MA. Zip 02762
Secretary Name PETER J TREMBLAY		Treasurer Name JOSEPH VERINO 3RD	
Street Address 25 WINSOR CT.		Street Address 26 BORAH ST.	
City PAWTUCKET	State R.I.	City N. PROV.	State R.I. Zip 02904
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 MICHAEL J MORAN		Director Name JASON S TREMBLAY	
Street Address 18 OXFORD ST.		Street Address 25 WINSOR CT.	
City N. PROV.	State R.I.	City PAWTUCKET	State R.I. Zip 02861
Director Name THOMAS M DEANGLIS		Director Name LOUIS A SCOLARDI	
Street Address 67 WEST RIVER PARKWAY		Street Address 7 PINERIDGE DR.	
City N. PROV.	State R.I.	City SMITHFIELD	State CT. Zip 02917
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 JOSEPH VERINO			Date 6-1-19
Signature of Officer/Authorized Representative <i>Joseph Verino</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