



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

Annual Report for the year: **2019**

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.

FILED

JUN 14 2019

BY

1581 DS

1. Entity ID Number 28689		2. Exact name of the Corporation The Providence Radio Association, Incorporated			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Amateur Radio: An Association relative to the art and science of radio communications			
4. NAICS Code 515111					
6. Principal Office Address J. R. Winman, 2453 Cranston St.		City Cranston		State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David A. Tessitore			Vice-President Name Frank S. DePetrillo		
Street Address 79 Priscilla Avenue			Street Address 546 Trimtown Road		
City Warwick	State RI	Zip 02889	City North Scituate	State RI	Zip 02857
Secretary Name William John Good, Jr.			Treasurer Name John R. Winman		
Street Address P.O. Box 1289			Street Address 2453 Cranston Street		
City Londonderry	State NH	Zip 03053	City Cranston	State RI	Zip 02920
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 Neville J. Bedford, Esq.			Director Name Paul R. DePetrillo		
Street Address 197 Taunton Avenue #202			Street Address 73 Pleasant Road		
City East Providence	State RI	Zip 02914	City Warwick	State RI	Zip 02888
Director Name Gilbert F. Brown			Director Name		
Street Address 3048 Pawtucket Avenue, Apt. 107			Street Address		
City Riverside	State RI	Zip 02915	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative William John Good, Jr., Secretary					Date 9 June 2019
Signature of Officer/Authorized Representative /s/ William John Good, Jr.  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

FORM 631 - Revised: 03/2019