

State of Rhode Island and Providence Plantations

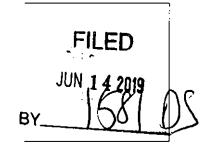
## Department of State - Business Services Division

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.



1. Entity ID Number	2. Exact name of the Corporation				
28689	The Providence Radio Association, Incorporated				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Amateur Radio: An Association relative to the art and science of radio communications				
4. NAICS Code	1				
515111					
6. Principal Office Address			City	State	Zip
J. R. Winman, 2453 Cranston St.			Cranston	RI	02920
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name David A. Tessitore			Vice-President Name Frank S. DePetrillo		
Street Address 79 Priscilla Avenue			Street Address 546 Trimtown Road		
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	City North Scituate	State RI	<sup>Zip</sup> 02857
Secretary Name William John Good, Jr.			Treasurer Name John R. Winman		
Street Address P.O. Box 1289			Street Address 2453 Cranston Street		
<sup>Crty</sup> Londonderry	State NH	<sup>Zip</sup> 03053	City Cranston	State RI	<sup>Zip</sup> 02920
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
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	<sup>Zip</sup> 02914	City Warwick	State RI	<sup>Zip</sup> 02888
Director Name Gilbert F. Brown			Director Name		
Street Address 3048 Pawtucket Avenue, Apt. 107			Street Address		
<sup>City</sup> Riverside	State RI	<sup>Zıp</sup> 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.					
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 William John Good, Jr., Secretary				Date 9 June 2019	
Signature of Officer/Authorized Representative /s/ William John Good, Jr. DOCUMENT HITRE					

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov