



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

Annual Report for the year: 2019-2020
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 21 2019

1. Entity ID Number <u>28260</u>		2. Exact name of the Corporation <u>CASEY CLUB</u>		BY <u>7292 DS</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO PROVIDE A HOME FOR KofC</u> <u>SULLIVAN COUNCIL 2700</u>			
4. NAICS Code <u>813410</u>					
6. Principal Office Address <u>20 CLAREMONT ST</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>	Zip <u>02863</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>LEO O LARIVEE</u>		Vice-President Name <u>DONALD GODIN</u>			
Street Address <u>2 CAROL DRIVE</u>		Street Address <u>14 ILLINOIS ST</u>			
City <u>CUMBS.</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>CENTRAL FALLS</u>	State <u>RI</u>	Zip <u>02863</u>
Secretary Name <u>MIGUEL De FARIA</u>		Treasurer Name <u>JOSEPH P C ROWE</u>			
Street Address <u>126 CONANT ST</u>		Street Address <u>24 CUMBERLAND ST</u>			
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>CUMBS.</u>	State <u>RI</u>	Zip <u>02864</u>
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 <u>JOHN CROWLEY</u>		Director Name <u>MARIO DASILVA</u>			
Street Address <u>92 LONSDALE AVE</u>		Street Address <u>57 WASHINGTON ST</u>			
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>CF</u>	State <u>RI</u>	Zip <u>02863</u>
Director Name <u>PAUL TESSIER</u>		Director Name <u>ANTONIO CAETANO ROCHA</u>			
Street Address <u>117 BAGLEY ST</u>		Street Address <u>56 UNION ST</u>			
City <u>CF</u>	State <u>RI</u>	Zip <u>02863</u>	City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>
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 <u>JOSEPH P C ROWE TREASURER</u>				Date <u>6/19/19</u>	
Signature of Officer/Authorized Representative <u>Joseph P Rowe</u>					