



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

FILED

Annual Report for the year:

Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 29459		2. Exact name of the Corporation PAVLOXET ATHLETIC CLUB			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island NON-PROFIT FRATERNAL ORGANIZATION.			
4. NAICS Code 813410					
6. Principal Office Address 12 ABBEN ST.			City CRANSTON	State R.I.	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL LYNCH, SR.			Vice-President Name ROBERT S. BRENNAN, JR		
Street Address 32 WESTERN PROMENADE			Street Address PO BOX 8152		
City CRANSTON	State RI	Zip 02905	City WARWICK	State RI	Zip 02888
Secretary Name MARK HARDIMAN			Treasurer Name EDMUND B. SAKNO		
Street Address 294 BEEWITH ST.			Street Address 1675 OAKLAND BEACH AVE.		
City CRANSTON	State RI	Zip 02910	City WARWICK	State RI	Zip 02888
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 JAMES GOSSELIN			Director Name MICHAEL McVEY		
Street Address 187 RICHMOND ST.			Street Address 115 LYNDON RD		
City WARWICK	State RI	Zip 02888	City CRANSTON	State RI	Zip 02905
Director Name ERIC MARTIN			Director Name JOHN DRUMMI		
Street Address 498 NAMQUID DR.			Street Address 123 VILLA AVE.		
City WARWICK	State RI	Zip 02888	City CRANSTON	State RI	Zip 02905
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 EDMUND B SAKNO				Date 8/8/2019	
Signature of Officer/Authorized Representative Edmund B. Sakno					

MAIL TO:

Division of Business Services

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