



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

Annual Report for the year: 2018
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.

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2019 SEP 18 P 12:21

1. Entity ID Number 000027785		2. Exact name of the Corporation Garfield Social Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Bar and Restaurant; Social Club			
4. NAICS Code 722411					
6. Principal Office Address 11 Hunt Street			City Central Falls	State RI	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph F. Bruzzi			Vice-President Name William Gurn		
Street Address 17 Beechwood Dr			Street Address 21 Chort Str		
City Cumberland	State RI	Zip 02864	City Attleboro	State MA	Zip 02703
Secretary Name Denis Constantineu			Treasurer Name Paul Robidoux		
Street Address 466 Hunt St			Street Address 34 Forest View Dr		
City Central Falls	State RI	Zip 02863	City Cumberland	State RI	Zip 02864
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 John McLoughlin			Director Name Mathew Brayall		
Street Address 45 Tucker St			Street Address 9A Hunt Street		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
Director Name Richard Laverigne			Director Name		
Street Address 10 Notre Dame St			Street Address		
City Central Falls	State RI	Zip 02863	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 Joseph Bruzzi					Date 9/15/19
Signature of Officer/Authorized Representative <i>Joseph Bruzzi</i>					SIGN DOCUMENT HERE FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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 BY KL BOZME
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