



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Non-Profit Corporation

2019 DEC 10 AM 10:52

- 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 000009715		2. Exact name of the Corporation ROLAND REEF FISHERMANS CLUB OF SOUTH PROVIDENCE	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island assist children, fireman & policeman. Scholarships etc.	
4. NAICS Code 813219			
6. Principal Office Address 199 Thurbers Ave		City PROVIDENCE	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FRANCIS A. HARDY JR.		Vice-President Name ANTHONY JOHNSON	
Street Address 194 BAKER ST		Street Address 119 Byfield ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02905		Zip 02905	
Secretary Name Johanne P Washington		Treasurer Name Johanne P WASHINGTON	
Street Address 78 CYPRESS ST		Street Address 78 CYPRESS ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
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 KEON COLLINS		Director Name SILVERIO FORTES	
Street Address 182 REYNOLD AVE		Street Address 1055 CARDONA ST.	
City PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02905		Zip 02914	
Director Name DONALD CLIFTON		Director Name STEVEN SOARES	
Street Address 28 HILTON ST		Street Address 29 ACTUMS ST.	
City PAWTUCKET	State RI	City PROVIDENCE	State RI
Zip 02870		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative FRANCIS A. HARDY JR.			Date 12-9-19
Signature of Officer/Authorized Representative Francis A. Hardy Jr.			FILED

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

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