



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

Annual Report for the year: 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

MAY 27 2020 A.M.

BY 25053
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1. Entity ID Number <u>29585</u>		2. Exact name of the Corporation <u>CLUB JOGUES</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Club is for Pleasure and socializing for it's Members and Guests.</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>184 Boston St.</u>		City <u>Coventry</u>	State <u>RI</u>
		Zip <u>02816</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Richard Robichaud</u>		Vice-President Name <u>Justin Hood</u>	
Street Address <u>17 Wakefield Street</u>		Street Address <u>77 Goris Street</u>	
City <u>W. Warwick</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02816</u>	
Secretary Name <u>Ralph Svenningsen</u>		Treasurer Name <u>Vincent Snurkowski</u>	
Street Address <u>24 Riverbend Ave</u>		Street Address <u>147 Winder Park Drive</u>	
City <u>W. Warwick</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02816</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>Tim Dalaf</u>		Director Name <u>Paul Bartow</u>	
Street Address <u>48 Cedar St.</u>		Street Address <u>80 McArthur Blvd</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02816</u>	
Director Name <u>Richard Hague</u>		Director Name	
Street Address <u>43 Crest View Dr.</u>		Street Address	
City <u>Coventry</u>	State <u>RI</u>	City	State
Zip <u>02816</u>		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 <u>Vincent Snurkowski</u>			Date <u>5/20/20</u>
Signature of Officer/Authorized Representative <u>Vincent Snurkowski</u>			SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov