



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 STAMP

JUN 08 2020

BY

276 DS

1. Entity ID Number 95828		2. Exact name of the Corporation ALADDIN CLUB, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To operate a tavern for service to club members			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 230 Highland Corporation Drive			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Domenic Tortolano			Vice-President Name Sally Tortolano		
Street Address 230 Highland Corporation Drive			Street Address 230 Highland Corporation Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Sally Tortolano			Treasurer Name Domenic Tortolano		
Street Address 230 Highland Corporation Drive			Street Address 230 Highland Corporation Drive		
City Cumberland	State RI	Zip 02864	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 Domenic Tortolano			Director Name Sally Tortolano		
Street Address 230 Highland Corporation Drive			Street Address 230 Highland Corporation Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Deana Filellippi			Director Name		
Street Address 230 Highland Corporation Drive			Street Address		
City Cumberland	State RI	Zip 02864	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.					
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 Domenic Tortolano				Date	
Signature of Officer/Authorized Representative <i>Domenic Tortolano</i>				SIGN DOCUMENT HERE	

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