



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

FILED

JUN 12 2020
 793 *or*

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.

1. Entity ID Number 28260		2. Exact name of the Corporation CASEY CLUB	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE A HOME FOR KID	
4. NAICS Code 813410		SULLIVAN COUNCIL 2700	
6. Principal Office Address 20 CLAREMONT ST		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 LEO O LARIVEE		Vice-President Name DONALD GODIN	
Street Address 2 CAROL DRIVE		Street Address 14 ILLINOIS ST	
City CUMBS	State RI	City CENTRAL FALLS	State RI
Zip 02864		Zip 02863	
Secretary Name MIGUEL De FARIA		Treasurer Name JOSEPH P CROWE	
Street Address 126 CONANT ST		Street Address 24 CUMBERLAND ST	
City PANT	State RI	City CUMBS	State RI
Zip 02860		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 CROWLEY		Director Name MARIO DASILVA	
Street Address 96 POND ST		Street Address 57 WASHINGTON ST	
City CENTRAL FALLS	State RI	City CENTRAL FALLS	State RI
Zip 02863		Zip 02863	
Director Name ANTONIO ROCHA		Director Name PAUL TOSSIER	
Street Address 676 UNION ST		Street Address 117 BAGLEY ST	
City LINCOLN	State RI	City CENTRAL FALLS	State RI
Zip 02865		Zip 02863	
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 JOSEPH P CROWE			Date 6/9/20
Signature of Officer/Authorized Representative <i>Joseph P Crowe</i>			

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