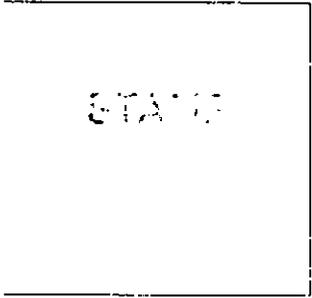




Department of State - Business Services Division



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.

1. Entity ID Number 000027053		2. Exact name of the Corporation Barrington Democratic Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Private/social club that lends support to the Democratic Party and other charitable organizations.			
4. NAICS Code 722410					
6. Principal Office Address 166 Roffee Street		City Barrington	State RI	Zip 02806	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Cioe			Vice-President Name Tony Brandao		
Street Address 104 Whipple Avenue			Street Address 23 Peach Orchard Drive		
City Barrington	State RI	Zip 02806	City Riverside	State RI	Zip 02915
Secretary Name Theresa Peck			Treasurer Name Michael McGill		
Street Address 271 Lincoln Avenue			Street Address 8 Woodland Avenue		
City Barrington	State RI	Zip 02806	City East Providence	State RI	Zip 02914
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 Scott Cioe			Director Name Jessica St. Angelo		
Street Address 25 Harvey Avenue			Street Address 165 Circuit Drive		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name John Di Pierro			Director Name Richard Doughty		
Street Address 27 Brow Street			Street Address 53 Temple Drive		
City Barrington	State RI	Zip 02806	City Riverside	State RI	Zip 02915
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 Michael McGill				Date 6/21/2020	
Signature of Officer/Authorized Representative 					

FILED
SIGN DOCUMENT HERE

JUN 24 2020

KM

BY 1105

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