



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

FILED

Annual Report for the year: 2020
Non-Profit Corporation

JUL 01 2023

BY 12642

- 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 <u>29459</u>		2. Exact name of the Corporation <u>PAWTOXET ATHLETIC CLUB</u>	
3. State of Incorporation <u>R. I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>NON PROFIT FRATERNAL ORGANIZATION</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>12 ABORN ST.</u>		City <u>CRANSTON</u>	State <u>R. I.</u> Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MICHAEL CROCKER</u>		Vice-President Name <u>ROBERT S. BERNARDI, JR.</u>	
Street Address <u>301 N. COUNTRY CLUB DR.</u>		Street Address <u>PO BOX 8182</u>	
City <u>WARWICK</u>	State <u>RI</u>	City <u>WARWICK</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
Secretary Name <u>VICTOR MCALE</u>		Treasurer Name <u>EDMUND B. SARNO</u>	
Street Address <u>17 BANK ST., UNIT 3</u>		Street Address <u>675 OAKLAND BEACH AVE.</u>	
City <u>WARWICK</u>	State <u>RI</u>	City <u>WARWICK</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02889</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>JOHN DROMMI</u>		Director Name <u>JAMES KELLY</u>	
Street Address <u>123 VILLA AVE</u>		Street Address <u>17 B BANK ST.</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>WARWICK</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02888</u>	
Director Name <u>JAMES GOSSELIN</u>		Director Name <u>PAUL TERRAULT</u>	
Street Address <u>187 RICHMOND ST.</u>		Street Address <u>1 OLSON COURT</u>	
City <u>WARWICK</u>	State <u>RI</u>	City <u>WARWICK</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
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>EDMUND B. SARNO</u>			Date <u>6/23/2020</u>
Signature of Officer/Authorized Representative <u>Edmund B. Sarno</u>			