State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2019
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	2. Exact name of the Corporation
29777	The Columbus Club of Burrillville, Rhode Island
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Rental of a hall and other charitable activities
4. NAICS Code: 813211	

6. Principal Office Address	City	State	Zip
98 Roosevelt Ave.	Pascoag	RI	02859

7. List ALL officers (names and addresses); Check the box to indicate an attachment ☐

President Name	Vice-President Name
Joseph Fidrych	David Laboissiere
Street Address: 565 Camp Dixie Road	Street Address: 485 Snake Hill Road
City: Pascoag; State: RI; Zip: 02859	City: Harrisville; State: RI; Zip: 02830
Secretary Name	**Treasurer Name**
Keith Jackson	Christopher Bijesse
Street Address: 324 Steere Farm Road	Street Address: 126 Carnation Street
City: Harrisville; State: RI; Zip: 02830	City: Woonsocket; State: RI; Zip: 02895

8. List ALL directors (names and addresses); RI Corporations MUST list at least THREE directors; Check the box to indicate an attachment ☐

Director Name	Director Name
Joseph Fidrych	David Laboissiere
Street Address: 565 Camp Dixie Road	Street Address: 485 Snake Hill Road
City: Pascoag; State: RI; Zip: 02859	City: Harrisville; State: RI; Zip: 02830
Director Name: Keith Jackson	Director Name:
Street Address: 324 Steere Farm Road	Street Address:
City: Harrisville; State: RI; Zip: 02830	City: ; State: ; Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Christopher Bijesse	3/31/21

Signature of Officer/Authorized Representative: Christopher Bijesse

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

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