



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

2018

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

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1 Entity ID Number 29777		2 Exact name of the Corporation 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 613211					
6 Principal Office Address 98 Roosevelt Ave.			City Pascoag	State RI	Zip 02859
7 List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Joseph Fidrych			Vice-President Name David Laboisserie		
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 Keith Jackson			Treasurer Name Christopher Bjesse		
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 Joseph Fidrych			Director Name David Laboisserie		
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 Christopher Bjesse					Date 3/31/21
Signature of Officer/Authorized Representative Christopher Bjesse					

MAIL TO

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3043
Website: www.sos.ri.gov

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