



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

APR 21 2021

BY

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000028700		2. Exact name of the Corporation PROVIDENCE REVOLVER CLUB, Inc.			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 25 Seneca Street		City Cranston	Zip 02920
5. Foreign corporation. Enter principal office address N/A		City		State	Zip
6. Brief description of the character of business conducted in Rhode Island Sportsmans Organization					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Louis Federici			Vice-President Name Ronald Martinelli		
Street Address 25 Seneca Street			Street Address 25 Seneca Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name David Lyne			Treasurer Name Matthew P. Ferrara		
Street Address 25 Seneca Street			Street Address 25 Seneca Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph Checraallah, Jr.			Director Name David Joseph		
Street Address 25 Seneca Street			Street Address 25 Seneca Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name David A. Calvi			Director Name		
Street Address 25 Seneca Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

01/11/2021

Signature of Officer

Date

Louis Federici

Print or Type Name of Officer

President

Title of Officer