



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: 2021  
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.

JUN 22 2021  
BY [Signature]

1. Entity ID Number <u>29585</u>		2. Exact name of the Corporation <u>CLUB JIGUES</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>CLUB IS FOR MEMBERS TO SOCIALIZE AND CONGREGATE</u>			
4. NAICS Code <u>813410</u>					
6. Principal Office Address <u>184 Boston St</u>		City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Richard Robichaud</u>			Vice-President Name <u>Justin Hood</u>		
Street Address <u>17 Wakefield St.</u>			Street Address <u>77 Garvist St.</u>		
City <u>W. Warwick</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>
Secretary Name <u>Ralph Sverningsson</u>			Treasurer Name <u>Vincent Smerkowski</u>		
Street Address <u>24 Riverdale Ave</u>			Street Address <u>38 Harkness Hill Rd</u>		
City <u>W. Warwick</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Tim Dolez</u>			Director Name <u>Paul Bastaw</u>		
Street Address <u>48 Cedar St.</u>			Street Address <u>80 McArthur Blvd</u>		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>
Director Name <u>Richard Heave</u>			Director Name		
Street Address <u>43 Crestwood Dr</u>			Street Address		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <u>Vincent Smerkowski Treasurer</u>					Date <u>6/17/21</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:  
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