



State of Rhode Island

Department of State - Business Services Division

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

FILED STAMP

JUL 02 2021

BY *[Signature]* 328

1 Entity ID Number 95828		2 Exact name of the Corporation ALADDIN CLUB, INC.			
3 State of Incorporation Rhode Island		5 Brief description of the character of business conducted in Rhode Island To operate a tavern for service to club members			
4 NAICS Code 813990 Other Similar Organiza					
6 Principal Office Address 230 Highland Corporation Drive			City Cumberland	State RI	Zip 02864
7 List ALL officers (names and addresses) Check the box to indicate an attachment: ☐					
President Name Sally Tortolano			Vice-President Name		
Street Address 270 Highland Corporation Drive			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Sally Tortolano			Treasurer Name Sally Tortolano		
Street Address 270 Highland Corporation Drive			Street Address 270 Highland Corporation Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8 List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors Check the box to indicate an attachment: ☐					
Director Name Sally Tortolano			Director Name Lori Edwards		
Street Address 270 Highland Corporation Drive			Street Address 9 Bernon Drive		
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865
Director Name Deana Filippelli			Director Name		
Street Address 1040 Buttonwoods Avenue			Street Address		
City Warwick	State RI	Zip 02886	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 Sally Tortolano				Date 06/24/2021	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services

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