



State of Rhode Island  
**Department of State - Business Services Division**

JUL 20 2021  
 3007 02

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.

1. Entity ID Number <b>000027728</b>	2. Exact name of the Corporation <b>NORTH END SOCIAL CLUB</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>SOCIAL CLUB WHERE ALCOHOL AND SANDWICHES ARE OFFERED. FUNDRAISING FOR TOWN CAUSES</b>
4. NAICS Code <b>722410</b> <input type="checkbox"/>	

6. Principal Office Address <b>47 PIERCE STREET</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
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7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARK DIGANGI</b>		Vice-President Name <b>JEFF COLLINS</b>			
Street Address <b>13 EAST STUART STREET</b>		Street Address <b>38 WEST ST.</b>			
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>HOPKINTON</b>	State <b>RI</b>	Zip <b>02804</b>
Secretary Name <b>THOMAS CHESMORE</b>		Treasurer Name <b>ANTHONY TREBISACCI</b>			
Street Address <b>2 MEMORY LANE</b>		Street Address <b>7 HILLSIDE AVE.</b>			
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>PAWCATUCK</b>	State <b>CT</b>	Zip <b>06379</b>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MARK DIGANGI</b>		Director Name <b>JEFF COLLINS</b>			
Street Address <b>13 EAST STUART ST.</b>		Street Address <b>38 WEST ST.</b>			
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>HOPKINTON</b>	State <b>RI</b>	Zip <b>02804</b>
Director Name <b>TOM CHESMORE</b>		Director Name <b>ANTHONY TREBISACCI</b>			
Street Address <b>2 MEMORY LANE</b>		Street Address <b>7 HILLSIDE AVE.</b>			
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>PAWCATUCK</b>	State <b>CT</b>	Zip <b>02379</b>

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 <b>MARK DIGANGI</b>	Date <b>7/17/2021</b>
Signature of Officer/Authorized Representative <i>Mark S. Digangi</i>	