



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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1. Entity ID Number 29559		2. Exact name of the Corporation WASHINGTON COUNTY COLUMBUS CLUB			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island FRATERNAL CATHOLIC MENS ORGANIZATION			
4. NAICS Code 813110					
6. Principal Office Address P.O. Box 471 / 1265 TOWER HILL ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name THOMAS J. MULLIGAN			Vice-President Name WILIAM CRANDALL		
Street Address 44 JUNIPER DR			Street Address 115 SUCCATAHUS RD		
City NORTH KINGSTOWN	State RI	Zip 02852	City CHARLESTOWN	State RI	Zip 02813
Secretary Name RICHARD DI MARIA			Treasurer Name THOMAS J. MULLIGAN		
Street Address 150 JUNIPER DR.			Street Address 44 JUNIPER DR.		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name ROBERT J. MONIZ			Director Name KENNETH CONNORS		
Street Address 242 W. OGDEN SWEETS RD			Street Address 10 SEA VIEW DR.		
City EXETER	State RI	Zip 02822	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name ARNOLD MOHRING			Director Name DAVID MARTONE		
Street Address 135 KING PHILIP DR.			Street Address 166 WHITING STREET		
City NORTH KINGSTOWN	State RI	Zip 02852	City CRANSTON	State RI	Zip 02920
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.					
<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 THOMAS J. MULLIGAN, PRESIDENT					Date 12/1/2021
Signature of Officer/Authorized Representative <i>Thomas J. Mulligan</i>					FILED

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ENTITY IDENTIFICATION # 000029559

Addition to FORM 631

2021 Washington County Columbus Club – Directors

5. Jason Masterson
183 Georgia Avenue
North Kingstown, RI 02852

6. Joseph J. Malley
73 Bedford Lane
North Kingstown, RI 02853