RI SOS Filing Number: 202106931800 Date: 12/9/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
DEC 09 2021
BY 207884

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	2. Exact name of the Corporation
001679756	KNIGHTSVILLE SENIORS' CLUB
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: DOMESTIC NON-PROFIT CORPORATION TO BENEFIT IT's MEMBERS THROUGH SOCIAL FUNCTIONS AND VARIOUS BUS TRIPS.
4. NAICS Code: 624120	

6. Principal Office Address	City	State	Zip
143 HOFFMAN AVENUE	CRANSTON	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ANNA RUGGIERI	LOUISE M. PEZZULLO
Street Address: 143 HOFFMAN AVENUE-#408	Street Address: 26 CALAMAX ROAD
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02910
Secretary Name	**Treasurer Name**
DELORES MANZI	
Street Address: 39 NORMANDY STREET	Street Address:
City: CRANSTON State: RI Zip: 02920	City: State: Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
ANNA RUGGIERI	LOUISE PEZZULLO
Street Address: 143 HOFFMAN AVENUE#408	Street Address: 26 CALAMAX ROAD
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02910
Director Name	**Director Name**
DELORES MANZI	
Street Address: 39 NORMANDY STREET	Street Address:
City: CRANSTON State: RI Zip: 02920	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: X Anna G Ruggieri — Date: 11/15/21

Signature of Officer/Authorized Representative: ANNA GRUGGIERI

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020