



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2023

Non-Profit Corporation

FEB 03 2023

2023 FEB -3 PM 2:15

→ Filing period February 1 - May 1

→ Filing Fee \$20.00

→ Penalty Additional \$25.00 fee if form is not filed by May 31.

BY SS33
ES

1. Entity ID Number <u>D00029193</u>		2. Exact name of the Corporation <u>WARREN GERMAN AMERICAN CLUB</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>SOCIAL CLUB FOR MEMBERS & GUESTS</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>27 KELLY STREET</u>		City <u>WARREN</u>	State <u>R.I.</u>
		Zip <u>02885</u>	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JOSEPH DZIEDZIC</u>		Vice-President Name <u>CATHY LAZZARO</u>	
Street Address <u>10 BULLOCK AVENUE</u>		Street Address <u>MAIN STREET</u>	
City <u>BARRINGTON</u>	State <u>R.I.</u>	Zip <u>02806</u>	City <u>WARREN</u>
			State <u>R.I.</u>
			Zip <u>02885</u>
Secretary Name <u>PAULA AMADAL</u>		Treasurer Name <u>ANTHONY REGO</u>	
Street Address <u>24 BEACH STREET</u>		Street Address <u>1176 HOPE STREET</u>	
City <u>WARREN</u>	State <u>R.I.</u>	Zip <u>02885</u>	City <u>BRISTE</u>
			State <u>R.I.</u>
			Zip <u>02809</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>DAVID COLLINS</u>		Director Name <u>ANTHONY REGO</u>	
Street Address <u>93 PADZLFORD</u>		Street Address <u>1176 HOPE STREET</u>	
City <u>RIVERSIDE</u>	State <u>R.I.</u>	Zip <u>02806</u>	City <u>BRISTE</u>
			State <u>R.I.</u>
			Zip <u>02809</u>
Director Name <u>SCOTT COOK</u>		Director Name	
Street Address <u>20 MAIN STREET</u>		Street Address	
City <u>WARREN</u>	State <u>R.I.</u>	Zip <u>02885</u>	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 <u>ANTHONY REGO</u>			Date <u>1/31/23</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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