



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

FILED

FEB 14 2023

BY 151

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1. Entity ID Number 000027053		2. Exact name of the Corporation Barrington Democratic Club			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Private/Social Club that lends support to various Charitable Organizations			
4. NAICS Code 722410					
6. Principal Office Address 180 Whipple Street			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Cioe			Vice-President Name Sean Cardin		
Street Address 104 Whipple Avenue			Street Address 31 Sherwood Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Kate Garabedian			Treasurer Name Michael McGill		
Street Address 77 Princess Hill Avenue			Street Address 1620 Flat River Road		
City Barrington	State RI	Zip 02806	City Coventry	State RI	Zip 02816
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 Scott Cioe			Director Name Richard Doughty		
Street Address 25 Harvey Avenue			Street Address 53 Temple Drive		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name Jeffrey Cain			Director Name Jeannie Russell		
Street Address 24 Islington Avenue			Street Address 104 Whipple Avenue		
City Portsmouth	State RI	Zip 02871	City Barrington	State RI	Zip 02806
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 Michael McGill					Date 2/9/23
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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