



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 14 2023

BY 151

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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.

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 <input type="checkbox"/>					
6. Principal Office Address 188 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Michael McGill					Date 2/9/23
Signature of Officer/Authorized Representative <i>mic mgill</i>					

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