



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 15 2023  
BY 1250  
RS

1. Entity ID Number <b>1659628</b>		2. Exact name of the Corporation <b>Courtland Club, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>A members organization dedicated to the preservation and evolution of Social Club culture and heritage and tradition in Providence RI</b>			
4. NAICS Code <b>813410</b>					
6. Principal Office Address <b>51 Courtland Street, 1st Floor</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jason Shechtman</b>			Vice-President Name <b>Jeffrey Rutko</b>		
Street Address <b>16 Brewster St.</b>			Street Address <b>PO Box 413</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
Secretary Name <b>Richard Abbruzzesse</b>			Treasurer Name <b>Matthew Shechtman</b>		
Street Address <b>30 Whipple Ct.</b>			Street Address <b>245 Central St.</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>Hingham</b>	State <b>MA</b>	Zip <b>02043</b>
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jason Shechtman</b>			Director Name <b>Jeffrey Rutko</b>		
Street Address <b>18 Brewster Street</b>			Street Address <b>PO Box 413</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
Director Name <b>Matthew Shechtman</b>			Director Name		
Street Address <b>245 Central St.</b>			Street Address		
City <b>Hingham</b>	State <b>MA</b>	Zip <b>02043</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Jason Shechtman</b>					Date <b>12/20/22</b>
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
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