



RI SOS Filing Number: 202332586300 Date: 4/7/2023 4:00:00 PM

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.

APR 07 2023

1285

1. Entity ID Number 30610		2. Exact name of the Corporation Rhode Island Philatelic Society	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Meeting of stamp collectors, speakers, exchanges and exhibits	
4. NAICS Code 813410			
6. Principal Office Address 25 Briarcliffe Road		City Cranston	State RI
		Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael Imbruglia		Vice-President Name Charles Vacca	
Street Address 25 Briarcliffe Road		Street Address 124 Fairway Drive, Apt #2	
City Cranston	State RI	Zip 02910	City Coventry
			State RI
			Zip 02816
Secretary Name Michael Imbruglia		Treasurer Name Michael Imbruglia	
Street Address 25 Briarcliffe Road		Street Address 25 Briarcliffe Road	
City Cranston	State RI	Zip 02910	City Cranston
			State RI
			Zip 02910
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 Chester Browning		Director Name John Carlson	
Street Address 46 Alden Drive		Street Address P. O. Box 1389	
City West Warwick	State RI	Zip 02893	City North Kingstown
			State RI
			Zip 02852
Director Name Lucy Howland		Director Name	
Street Address 227 Chapmans Avenue		Street Address	
City Warwick	State RI	Zip 02886	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 Michael S. Imbruglia			Date 4/1/2023
Signature of Officer/Authorized Representative 			

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: 2/2023