



State of Rhode Island Filing Number: 202332795360 Date: 4/11/2023 11:05:00 AM

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2022

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

RECEIVED
RI DEPT. OF STATE
BUSINESS SERVICES DIVISION

2023 APR 11 AM 11:03

1. Entity ID Number 29777		2. Exact name of the Corporation The Columbus Club of Burrillville, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Rental of hall for charitable purposed and other charitable activities			
4. NAICS Code 813211 - Grantmaking Found ☐					
6. Principal Office Address 98 Roosevelt Ave.		City Pascoag	State RI	Zip 02859	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Ronald Parenteau			Vice-President Name Scott Blanchette		
Street Address 304 Spring Lake Road			Street Address 257 Centennial Street		
City Glendale	State RI	Zip 02830	City Pascoag	State RI	Zip 02859
Secretary Name Richard Nolan			Treasurer Name Christopher Bijesse		
Street Address 1207 Victory Highway			Street Address 126 Carnation Street		
City Oakland	State RI	Zip 02858	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name David Labossiere			Director Name John Carpenter		
Street Address 458 Snake Hill Road			Street Address 265 Emerson Road		
City Glendale	State RI	Zip 02826	City Harrisville	State RI	Zip 02830
Director Name Nicholas Landi			Director Name William Guertin		
Street Address 62 Sayles Ave			Street Address 494 East Ave.		
City Pascoag	State RI	Zip 02859	City Harrisville	State RI	Zip 02830
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 CHRISTOPHER BIJESSE				Date 4-11-23	
Signature of Officer/Authorized Representative <i>Christopher Bijesse</i>				1105	

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BY 05 PMO

MAIL TO:
Division of Business Services
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