



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

MAY 15 2023

BY 2023

1. Entity ID Number <u>001704259</u>		2. Exact name of the Corporation <u>THE GENTLEMEN'S CLUB</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>SOCIAL GATHERING OF FEW MEN</u>	
4. NAICS Code <u>813319</u>		<u>ONCE A MONTH</u>	
6. Principal Office Address <u>39 FISK ST.</u>		City <u>PROV.</u>	State <u>RI</u>
		Zip <u>02905</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MALCOLM HALL</u>		Vice-President Name <u>NONE</u>	
Street Address <u>100 PROVIDENCE ST.</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>	
Secretary Name <u>CHRIS BROOKS</u>		Treasurer Name <u>KATO KING</u>	
Street Address <u>18 BURNS ST.</u>		Street Address <u>39 FISK ST.</u>	
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV.</u>
			State <u>RI</u>
			Zip <u>02905</u>
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 <u>Chris Brooks</u>		Director Name <u>Kato King</u>	
Street Address <u>18 Burns Street</u>		Street Address <u>39 FISK Street</u>	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV</u>
			State <u>RI</u>
			Zip <u>02905</u>
Director Name <u>Malcolm Hall</u>		Director Name	
Street Address <u>100 Providence St</u>		Street Address:	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	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.			
<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 <u>Kato King - TREASURER</u>			Date <u>5/10/23</u>
Signature of Officer/Authorized Representative <u>Kato King - TREASURER</u>			

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