



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee \$20.00

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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

1. Entity ID Number 000795384		2. Exact name of the Corporation COMMUNITY CORPORATION CLUB, INC. or PORTED.		2023 MAY 22 A 10:47	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island C3, INC, IS A membership based, non-profit organization operated exclusively for charitable purposes within the meaning of section 501(c)(3) of internal revenue service codes.			
4. NAICS Code 813910					
6. Principal Office Address 5 BENJAMIN DRIVE		City NORTH PROVIDENCE		State RI	Zip 02904
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name RUSSELL T. KETTOR		Vice-President Name JULIA C. COOPER			
Street Address 272 MONTGOMERY AVENUE		Street Address 49 WHITMARSH STREET			
City CRANSTON	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02907
Secretary Name KALGONGOR T. KARUEH		Treasurer Name MICHAEL S. TOAYEN			
Street Address 5 BENJAMIN DRIVE		Street Address 5 RUZZI STREET			
City NORTH PROVIDENCE	State RI	Zip 02904	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name SUMOILUO KPANAN		Director Name HENRY CLAY			
Street Address 10 MORNINGSTAR ROW		Street Address 44 SUPERIOR STREET			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Director Name LEONA N. SARMIE		Director Name CHARLES GEORGE			
Street Address 12 BODELL AVENUE		Street Address 356 WILBARD AVENUE			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02907
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 KALGONGOR THOMAS KARUEH				Date 5/22/2023	
Signature of Officer/Authorized Representative 					

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAY 22 2023

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FORM 631 - Revised: 11/2021