



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.

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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 POKED.		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). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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. KARWEH			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. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SUMOIWUO 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 WILWARD 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.					
<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 KALGONGOR THOMAS KARWEH					Date 5/22/2023
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

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