



**State of Rhode Island  
Department of State - Business Services Division**

DEPT OF STATE  
SOS DIV

2023 AUG 23 P 12:20

**Annual Report for the year:** 2018  
**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.

1. Entity ID Number <b>000031164</b>	2. Exact name of the Corporation <b>7th Ward Democratic Club</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>TO FOSTER THE DEMOCRATIC PROCESS WITHIN THE 7TH WARD OF THE CITY OF PROVIDENCE</b>
4. NAICS Code <b>813490</b>	

6. Principal Office Address <b>2 SUNSET AVENUE</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>PETER P MARINUCCI</b>			Vice-President Name <b>MICHAEL PARRILLO</b>		
Street Address <b>2 SUNSET AVENUE</b>			Street Address <b>52 KILLINGLY STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>PETER P MARINUCCI</b>			Director Name <b>ROBERT DI MAIO</b>		
Street Address <b>2 SUNSET AVENUE</b>			Street Address <b>109 MOOREFIELD STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>MICHAEL PARRILLO</b>			Director Name		
Street Address <b>52 KILLINGLY STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	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 <i>Peter Marinucci</i>	Date <b>7-24-23</b>
Signature of Officer/Authorized Representative <i>Robert Di Maio</i>	<b>FILED</b> <b>7/24/23</b>

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

**FILED**  
**AUG 23 2023**  
BY 4JTBK 12:26  
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