



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2012
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 000031164		2. Exact name of the Corporation 7th Ward Democratic Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO FOSTER THE DEMOCRATIC PROCESS WITHIN THE 7TH WARD OF THE CITY OF PROVIDENCE			
4. NAICS Code 813490					
6. Principal Office Address 2 SUNSET AVENUE			City PROVIDENCE	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER P MARINUCCI			Vice-President Name MICHAEL PARRILLO		
Street Address 2 SUNSET AVENUE			Street Address 52 KILLINGLY STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 PETER P MARINUCCI			Director Name ROBERT DI MAIO		
Street Address 2 SUNSET AVENUE			Street Address 109 MOOREFIELD STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Director Name MICHAEL PARRILLO			Director Name		
Street Address 52 KILLINGLY STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	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 <i>Peter Marinucci</i>					Date 7-24-23
Signature of Officer/Authorized Representative <i>Robert Di Maio</i>					7/24/23

FILED

AUG 23 2023

BY 45PBK 12:20
[Signature]

MAIL TO:
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