



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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BUS SVCS DIV

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1. Entity ID Number 000030244		2. Exact name of the Corporation The Townsmen Club	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-profit, fraternal orgnaization.	
4. NAICS Code 813319			
6. Principal Office Address 66 Townmen Way		City Mapleville	State RI
		Zip 02839	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ralph Ciummo II		Vice-President Name Tom Staples	
Street Address 393 Round Top Road		Street Address P.O. Box 24	
City Harrisville	State RI	City Mapleville	State RI
Zip 02830		Zip 02839	
Secretary Name Barry Njoes II		Treasurer Name Wayne Richardson	
Street Address 100 Pheasant Drive		Street Address 352 Lake Drive	
City Mapleville	State RI	City Chepachet	State RI
Zip 02839		Zip 02814	
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 John Lambert		Director Name Gary Supernault	
Street Address 365 Mowry Street		Street Address North Road	
City Harrisville	State RI	City Pascoag	State RI
Zip 02830		Zip 02859	
Director Name Steven Detonnancourt		Director Name	
Street Address 137 Manley Drive		Street Address	
City Pascoag	State RI	City	State
Zip 02859		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.			
<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 Cale P. Keable			Date 10/20/23
Signature of Officer/Authorized Representative <i>Cale P. Keable</i>			

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

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BY LKS ARNGY

FORM 631- Revised: 04/2023