



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

3110

FILED

JAN 08 2024

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Annual Report for the year:
 Non-Profit Corporation

2024

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 28260		2. Exact name of the Corporation CASEY CLUBS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROVIDE A HOME FOR SULLIVAN COUNCIL 2700	
4. NAICS Code 813910			
6. Principal Office Address 20 CLAREMONT ST.		City CENTRAL FALLS	State RI
		Zip 	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN CROWLEY		Vice-President Name DONALD GODIN	
Street Address 126 CONANT ST		Street Address 14 ILLINOIS ST	
City PAWT,	State RI	City CF	State RI
Zip 02860		Zip 02863	
Secretary Name MIGUEL DEFARIA		Treasurer Name Joseph CROWE	
Street Address 126 CONANT ST		Street Address 24 CUMBERLAND ST	
City PAWT,	State RI	City LUMB	State RI
Zip 02860		Zip 02864	
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 MARIO DA SILVA		Director Name ANTONIO RACHA	
Street Address 57 WASHINGTON ST		Street Address 170 UNION ST	
City CF	State RI	City LINCOLN	State RI
Zip 02863		Zip 02865	
Director Name NEAL THERRIAULT		Director Name DAVID PALUSKE	
Street Address 23 CLAREMONT ST		Street Address 17 BUCKNER ST	
City CF	State RI	City PAWT	State RI
Zip 02860		Zip 02860	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Joseph P Crowe			Date 6/27/23
Signature of Officer/Authorized Representative <i>Joseph P Crowe</i>			FILED
SIGN DOCUMENT HERE			