



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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

FEB 14 2024

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*Handwritten initials*

**STAMP**

FOR SECRETARY OF STATE  
USE ONLY

1. Entity ID Number 000095828		2. Exact name of the Corporation ALADDIN CLUB, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To operate a tavern for service to club members.			
4. NAICS Code 813990					
6. Principal Office Address One Grove Avenue			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Sally Tortolano			Vice-President Name Sally Tortolano		
Street Address 270 Highland Corporation Drive			Street Address 270 Highland Corporation Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Sally Tortolano			Treasurer Name Sally Tortolano		
Street Address 270 Highland Corporation Drive			Street Address 270 Highland Corporation Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Sally Tortolano			Director Name Lori Edwards		
Street Address 270 Highland Corporation Drive			Street Address 9 Bernon Drive		
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02800
Director Name <del>Chris Edwards</del> G4932			Director Name		
Street Address 9 Bernon Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Sally Tortolano</b>					Date 2/1/2024
Signature of Officer/Authorized Representative <i>Sally Tortolano</i>					

MAIL TO:  
Division of Business Services  
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