



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 000028689		2. Exact name of the Corporation The Providence Radio Association, Incorporated			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Amateur Radio: An association relative to the art and science of radio communications.			
4. NAICS Code 515111					
6. Principal Office Address J.R. Winman; 2453 Cranston Street			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David A. Tessitore			Vice-President Name Edward Casassa		
Street Address 79 Priscilla Avenue			Street Address P.O. Box 2112		
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02905
Secretary Name David Steussie			Treasurer Name John R. Winman		
Street Address 77 Winchester Drive			Street Address 2453 Cranston Street		
City North Scituate	State RI	Zip 02857	City Cranston	State RI	Zip 02920
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 Gilbert F. Brown			Director Name Rocco Quattrucci		
Street Address 3048 Pawtucket Avenue, Apt. 107			Street Address 49 Richfield Avenue		
City Riverside	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Director Name Neville J. Bedford, Esq.			Director Name		
Street Address 365 Eddy Street, #303			Street Address		
City Providence	State RI	Zip 02903	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.					
<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 DAVID STEUSSIE - SECRETARY					Date 2-7-2024
Signature of Officer/Authorized Representative 					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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