



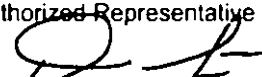
State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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

FEB 15 2024
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