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.

1. Entity ID Number	2. Exact name of the Corporation
000029967	Rhode Island Democratic State Committee
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Promote the ideals of the Democratic PArty
4. NAICS Code: 813940-Political Organiz	

6. Principal Office Address	City	State	Zip
200 Metro Center Blvd Suite 2	Warwick	RI	02886

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Elizabeth Beretta-Perik			Vice-President Name: James Diossa		
Street Address: 10 High Street			Street Address: 302 Pullen Street		
City: Jamestown	State: RI	Zip: 02835	City: Pawtucket	State: RI	Zip: 02861
Secretary Name: Arthur Corvese			Treasurer Name: Grace Diaz		
Street Address: 234 Lexington Avenue			Street Address: 43 Adelaide Avenue		
City: No Providence	State: RI	Zip: 02904	City: Providence	State: RI	Zip: 02907

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment: ☐

Director Name: Elizabeth Beretta-Perik			Director Name: James Diossa		
Street Address: 10 High Street			Street Address: 302 Pullen Avenue		
City: Jamestown	State: RI	Zip: 02835	City: Pawtucket	State: RI	Zip: 02861
Director Name: Arthur Corvese			Director Name		
Street Address: 234 Lexington Avenue			Street Address		
City: No Prov	State: RI	Zip: 02904	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Elizabeth Beretta Perik	2/12/24

Signature of Officer/Authorized Representative: Elizabeth Beretta Perik

FILED
FEB 20 2024
BY 3370 AA.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 12/2023