



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 20 2024

BY

11052

1. Entity ID Number 000028700		2. Exact name of the Corporation PROVIDENCE REVOLVER CLUB, Inc.			
3. State of Incorporation RI in 6/24/1908		5. Brief description of the character of business conducted in Rhode Island Sportsman's Organization			
4. NAICS Code 731990					
6. Principal Office Address 25 Seneca Street		City Cranston		State RI	Zip 02921
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis Federici			Vice-President Name Ronald Martinelli		
Street Address 25 Seneca Street			Street Address 25 Seneca Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name David Lyne			Treasurer Name Matthew Ferrara		
Street Address 25 Seneca Street			Street Address 25 Seneca Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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 Joseph P. Checraallah Jr.			Director Name Sean Miele		
Street Address 25 Seneca Street			Street Address 25 Seneca Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name David Joseph			Director Name		
Street Address 25 Seneca Street			Street Address		
City Cranston	State RI	Zip 02921	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 Louis Federici, President				Date 2/01/2024	
Signature of Officer/Authorized Representative 					

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 630 REVISED 12/20/23