



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

REC'D RIDOS BSD
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1. Entity ID Number 0000 27623		2. Exact name of the Corporation BRADFORD SOCIAL CLUB	
3. State of Incorporation R-I		5. Brief description of the character of business conducted in Rhode Island NON PROFIT SOCIAL CLUB FOR INTERACTION OF LOCAL RESIDENTS	
4. NAICS Code 813410			
6. Principal Office Address 2 BOWLING LANE		City BRADFORD	State R.I
		Zip 02808	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DOMINIC GALLUCI		Vice-President Name SCOTT REPOZA	
Street Address 2 WAYLAND ST		Street Address 20 WILLIAMS ST	
City BRADFORD	State R.I	City ASAWAY	State RI
Zip 02808		Zip 02804	
Secretary Name PEGGY COON		Treasurer Name Erika Kenney	
Street Address PO. 971		Street Address 176 SKUNK HILL RD	
City ASAWAY	State RI	City Hope Valley	State RI
Zip 02804		Zip 02832	
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 Erika Kenney		Director Name ROBERT DAYON	
Street Address 176 SKUNK HILL RD		Street Address 6 TOADSTOLE KNOLL	
City Hope Valley	State RI	City CLARESTOWN	State R.I.
Zip 02832		Zip 02813	
Director Name LORI A HARVEY		Director Name PAMELA L TURBO	
Street Address PO BOX 125		Street Address 4 BOWLING LANE	
City BRADFORD	State R.I	City BRADFORD	State R.I
Zip 02808		Zip 02808	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative DOMINIC GALLUCI			Date 2/11/24
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

FILED
FEB 22 2024
BY **R FAX**
A.A. 1:15 PM.