



State of Rhode Island
Department of State - Business Services Division

FILED
MAR 04 2024
BY *[Signature]*

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 29585		2. Exact name of the Corporation CLUB JOQUES			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Club Joques is for it's members to socialize and Congregate			
4. NAICS Code 813410					
6. Principal Office Address 184 Boston Street		City Coventry	State RI	Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Robichaud			Vice-President Name Justin Hood		
Street Address 17 Wakefield Street			Street Address 77 Geruis Street		
City West Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
Secretary Name Ralph Skenningson			Treasurer Name Vincent Snurkowski		
Street Address 24 Riverdale Ave			Street Address 58 Hopkinton Hill Road		
City West Warwick	State RI	Zip 02893	City Hale Valley	State RI	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 Tim Daley			Director Name John Daley		
Street Address 48 Cedar Street			Street Address 43 Valley Crest Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name David Charpentier			Director Name Robert Hodge		
Street Address 7 Hawthorne Road			Street Address 31 Colorado Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 Vincent Snurkowski Treasurer					Date 2/28/24
Signature of Officer/Authorized Representative <i>[Signature]</i>					