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**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year: 2022**

**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 <b>01674989</b>		2. Exact name of the Corporation <b>Providence Gridiron Club</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROMOTE THE GAME OF FOOTBALL OF EVERY LEVEL FROM YOUTH TO HIGH SCHOOL TO COLLEGE IN THE STATE OF RI</b>			
4. NAICS Code <b>813920</b>					
6. Principal Office Address <b>12 Chandler Drive</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert P. Izzi</b>			Vice-President Name <b>James Anderson</b>		
Street Address <b>12 Chandler Drive</b>			Street Address <b>279 Nayatt Road</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert P. Izzi</b>			Director Name <b>James Anderson</b>		
Street Address <b>12 Chandler Drive</b>			Street Address <b>279 Nayatt Road</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Director Name <b>Carl Ricci, Esq.</b>			Director Name		
Street Address <b>24 South Angell Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Robert P. Izzi</b>				Date <b>6/26/24</b>	
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**  
**JUN 26 2024**  
**BY CG781**

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FORM 631- Revised: 12/2023