



State of Rhode Island  
Department of State - Business Services Division

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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<br>01674989  |          | 2. Exact name of the Corporation<br>Providence Gridiron Club  |                                    |                        |              |
| 3. State of Incorporation<br>Rhode Island  |          | 5. Brief description of the character of business conducted in Rhode Island<br>TO PROMOTE THE GAME OF FOOTBALL OF EVERY LEVEL FROM YOUTH TO HIGH SCHOOL TO COLLEGE IN THE STATE OF RI |                                    |                        |              |
| 4. NAICS Code<br>813920  |          |   |                                    |                        |              |
| 6. Principal Office Address<br>12 Chandler Drive   |          |   | City<br>Coventry                   | State<br>RI            | Zip<br>02816 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |          |   |                                    |                        |              |
| President Name Robert P. Izzi  |          |   | Vice-President Name James Anderson |                        |              |
| Street Address 12 Chandler Drive   |          |   | Street Address 279 Nayatt Road     |                        |              |
| City Coventry  | State RI | Zip 02816   | City Barrington                    | State RI               | Zip 02806    |
| 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 Robert P. Izzi   |          |   | Director Name James Anderson       |                        |              |
| Street Address 12 Chandler Drive   |          |   | Street Address 279 Nayatt Road     |                        |              |
| City Coventry  | State RI | Zip 02816   | City Barrington                    | State RI               | Zip 02806    |
| Director Name Carl Ricci, Esq.   |          |   | Director Name                      |                        |              |
| Street Address 24 South Angell Street  |          |   | Street Address                     |                        |              |
| City Providence  | State RI | Zip 02906   | 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<br><b>Robert P. Izzi</b>   |          |   |                                    | Date<br><b>6/26/24</b> |              |
| Signature of Officer/Authorized Representative<br>   |          |   |                                    |                        |              |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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FORM 631- Revised: 12/2023