

REC'D RIDOS BSD
24 JUN 26 PM 2:23:58State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

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 01674989		2. Exact name of the Corporation Providence Gridiron Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE THE GAME OF FOOTBALL OF EVERY LEVEL FROM YOUTH TO HIGH SCHOOL TO COLLEGE IN THE STATE OF RI			
4. NAICS Code 813920					
6. Principal Office Address 12 Chandler Drive			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 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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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.					
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 Robert P. Izzi				Date 6/26/24	
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 26 2024
 BY **CG781**
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FORM 641 Revised: 12/2023