



State of Rhode Island
Department of State - Business Services Division

JUL 15 2024

104 OR

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 001689416	2. Exact name of the Corporation The Nooseneck Hill Club, Inc.		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Social Club		
4. NAICS Code 813990			
6. Principal Office Address 44 Townsend Street	City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President: Name Thomas Carlotto		Vice-President: Name Frank Cenerini	
Street Address 44 Townsend Street		Street Address Same as Club	
City Barrington	State RI	Zip 02806	
Secretary Name Steve Valentine		Treasurer Name Chris Leahey	
Street Address Same as Club		Street Address Same as Club	
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 Peter Sozek		Director Name Paul Damiano	
Street Address Same as Club		Street Address Same as Club	
City	State	Zip	
Director Name A. Robert Buonanno		Director Name	
Street Address Same as Club		Street Address	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Thomas Carlotto, President			Date 07/05/2024
Signature of Officer/Authorized Representative 			

MAIL TO:
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