

REC'D RIDOS BSD
24 DEC 12 PM 3:13:18State of Rhode Island
Department of State - Business Services DivisionAnnual 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.

2024 DEC -2 PM 2:04

1. Entity ID Number <u>000028798</u>		2. Exact name of the Corporation <u>PYRAMID CLUB</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>THE SALE OF ALCOHOLIC BEVERAGES</u>	
4. NAICS Code <u>813 910</u>			
6. Principal Office Address <u>32-34 DR. MARCUS WHEATLAND BLVD NEWPORT</u>		City <u>NEWPORT</u>	State <u>R.I.</u>
		Zip <u>02840</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>JONATHAN HURT</u>		Vice-President Name <u>BARBARA JENKINS</u>	
Street Address <u>139 FARMINGTON AVE. APT #4</u>		Street Address <u>87 GILMAN AVE APT #210</u>	
City <u>CRANSTON</u>	State <u>R.I.</u>	City <u>NEWPORT</u>	State <u>R.I.</u>
Zip <u>02842</u>		Zip <u>02840</u>	
Secretary Name <u>VERONICA ARDREY</u>		Treasurer Name <u>THOMAS MATTHEWS</u>	
Street Address <u>119 ROGERS LANE</u>		Street Address <u>14 WOLCOTT ROAD</u>	
City <u>MIDDLE TOWN</u>	State <u>R.I.</u>	City <u>MIDDLE TOWN</u>	State <u>R.I.</u>
Zip <u>02842</u>		Zip <u>02842</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>TEON CROMWELL</u>		Director Name <u>GLEN MILLER</u>	
Street Address <u>22 ROSA TERRACE</u>		Street Address <u>21 BUCK ROAD</u>	
City <u>NEWPORT</u>	State <u>R.I.</u>	City <u>MIDDLE TOWN</u>	State <u>R.I.</u>
Zip <u>02840</u>		Zip <u>02842</u>	
Director Name <u>JONATHAN HURT</u>		Director Name	
Street Address <u>139 FARMINGTON AVE. APT #4</u>		Street Address	
City <u>CRANSTON</u>	State <u>R.I.</u>	City	State
Zip <u>02920</u>		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 <u>Jonathan M Hurt</u>			Date <u>11/21/24</u>
Signature of Officer/Authorized Representative <u>Jonathan M Hurt</u>			

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
 DEC 12 2024
 BY X521j2 AA 3:14 pm
 FORM 631 Revised 04/2023