

**State of Rhode Island
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025**1. Corporate ID No.** 000162366**2. Name of Corporation** 828 CLUB**3. State of Incorporation**State: RI**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813410**4. Principal Office Address**No. and Street: 1037 CHARLES STREETCity or Town: NORTH PROVIDENCEState: RIZip: 02904Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**SOFTBALL TEAM SPONSEER, HELP BOYS AND GIRLS CLUB WITH DONATIONS,
MEETING WITH MEMBERS**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN EMMA	1 MARK DRIVE NORTH PROVIDENCE, RI 02904 USA
VICE PRESIDENT	ROBERT GRENGA	31 UDELL ST PROVIDENCE, RI 02904 UNI
DIRECTOR	RUSSELL J PASCETTA	91 BROWN AVENUE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	VINCENT PONCIA	820 CHARLES ST PROVIDENCE, RI 02904 USA
DIRECTOR	JOHN MELEO	36 VIVIAN AVENUE NORTH PROVIDENCE, RI 02904 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOSEPH F. CASTIGLIONE 1037 CHARLES STREET NORTH PROVIDENCE , RI 02904

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of January, 2025 at 12:06:12 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By RUSSELL J PASCETTA
Signature of Authorized Person

Form No. 631
Revised 09/07

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