



State of Rhode Island
Department of State - Business Services Division

FIELD

JAN 29 2025

BY 1370

Annual Report for the year: 2025
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 000028628		2. Exact name of the Corporation Old Fiddlers' Club of Rhode Island	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To gather congenial musicians interested in improving their techniques & to present concerts to promote public interest & enjoyment of Old-Time Music	
4. NAICS Code 711130			
6. Principal Office Address 109 Valentine Rd		City Pomfret Cntr	State CT
		Zip 06259	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name George Seavey		Vice-President Name Melissa Loyal	
Street Address 3 Division Rd		Street Address 109 Valentine Rd	
City E. Greenwich	State RI	City Pomfret Cntr	State CT
Zip 02818		Zip 06259	
Secretary Name Kate Friedrich		Treasurer Name Wally Davis	
Street Address 141 East St		Street Address 63 Lantana Foster South	
City Hebron	State CT	City Hopkinton	State RI
Zip 06248		Zip 02833	
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 Jennifer Owen		Director Name Jesse Owen	
Street Address 49 North Rd		Street Address 49 North Rd	
City Ashford	State CT	City Ashford	State CT
Zip 06281		Zip 06281	
Director Name Saul Ahola		Director Name	
Street Address 88 Butts Rd		Street Address	
City Woodstock	State CT	City	State
Zip 06281		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 Melissa Loyal			Date 1/20/2025
Signature of Officer/Authorized Representative			

MAIL TO:

Division of Business Services
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