



State of Rhode Island
Department of State - Business Services Division

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

FILED

FEB 06 2025

BY 3716
AA

1. Entity ID Number 000027053		2. Exact name of the Corporation Barrington Democratic Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Private/Social club that lends support to various charitable organizations.			
4. NAICS Code 722410					
6. Principal Office Address 186 Roffee 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 Robert Cioe			Vice-President Name Sean Cardin		
Street Address 104 Whipple Avenue			Street Address 31 Sherwood Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Christine Gabbert			Treasurer Name Michael McGill		
Street Address 70 Union Street			Street Address 1620 Flat River Road		
City Warren	State RI	Zip 02885	City Coventry	State RI	Zip 02816
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 Anthony Arico			Director Name Jeffrey Cain		
Street Address 166 Lincoln Avenue			Street Address 24 Islington Avenue		
City Barrington	State RI	Zip 02806	City Portsmouth	State RI	Zip 02871
Director Name Jessica St. Angelo			Director Name Michelle Gemp		
Street Address 4 Wright Place			Street Address 314 Metacom Avenue		
City Barrington	State RI	Zip 02806	City Warren	State RI	Zip 02885
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 Michael McGill				Date 2/2/25	
Signature of Officer/Authorized Representative <i>mio m</i>					

MAIL TO:

Division of Business Services

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