



**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

**Foreign Non-Profit
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. 000334090

2. Name of Corporation CONFREDIE DE LA CHAINE DES ROTISSEURS BAILLIAGE DES RHODE ISLAND (Brotherhood of the Chain of Restaurateurs International Society in Rhode Island)

3. State of Incorporation

State: NE

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

813990

4. Principal Office Address

No. and Street: 800 LINCOLN SQUARE,
121 SOUTH 13TH STREET

City or Town: LINCOLN

State: NE Zip: 68508 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO ORGANIZE DINNERS, SHARE GASTRONOMIC INFORMATION, ARRANGE SPECIAL DINNER FUNCTIONS, TO SOCIALIZE DISCUSS, DISSEMINATE INFORMATION REGARDING FOODS AND BEVERAGES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT | CHRISTOPHER P GASBARRO | 98 HIGHLAND AVE SEEKONK, MA 02771 USA |
| TREASURER | KEVIN A PAPA | 144 WESTMINSTER ST PROVIDENCE, RI 02903 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

CHRISTOPHER P. GASBARRO 145 TERRACE AVE RIVERSIDE , RI 02915

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

Signed this 27 Day of February, 2025 at 2:40:44 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 CHRISTOPHER P. GASBARRO
Signature of Authorized Person

Form No. 631
Revised 09/07

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