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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 03 2025
BY

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	2. Exact name of the Corporation
000028689	The Providence Radio Association, Incororated
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Amateur Radio: An Association relative to the art and science of radio communications.
4. NAICS Code: 515111	

6. Principal Office Address	City	State	Zip
Richard Mancini; 124 Rome Drive	Cranston	RI	02921

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David Steussie			Vice-President Name: Edward Casassa		
Street Address: 77 Winchester Drive			Street Address: PO Box 2112		
City: North Scituate	State: RI	Zip: 02857	City: Providence	State: RI	Zip: 02905
Secretary Name: Robert Hart			Treasurer Name: Richard Mancini		
Street Address: 16 Edgewood Ave.			Street Address: 124 Rome Drive		
City: Cranston	State: RI	Zip: 02905	City: Cranston RI	State: 02921	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Gil Brown			Director Name: Rocco Quattrucci		
Street Address: 3048 PAwtucket Avenue, Apt. 107			Street Address: 49 Richfield Ave		
City: Riverside	State: RI	Zip: 02915	City: East Providence	State: RI	Zip: 02914
Director Name: Andrew Stenberg			Director Name:		
Street Address: 526 North Road			Street Address:		
City: Sunapee	State: NH	Zip: 03782	City:	State:	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	Date
DAVID STEUSSIE - PRESIDENT	2/26/2025

Signature of Officer/Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023