



State of Rhode Island
Department of State - Business Services Division

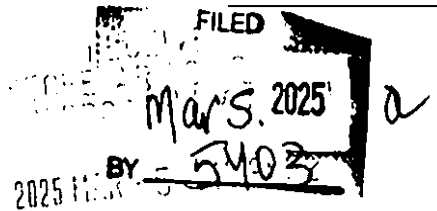
Annual Report for the year: 2025

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.



1. Entity ID Number 000026851		2. Exact name of the Corporation Providence Emblem Club #1			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Social and Charitable			
4. NAICS Code 813319-Other Social Adv					
6. Principal Office Address 106 Stone Drive			City Cranston	State R.I.	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandra Brown			Vice-President Name Patricia Raiche		
Street Address 27 Sherwood Valley Lane, Unit #22			Street Address 3 Columbus Avenue		
City Coventry	State RI	Zip 02816	City Westerly	State RI	Zip 02891
Secretary Name Gail Dombeck			Treasurer Name Gale MacDonald		
Street Address 44 No. Palm Blvd			Street Address 106 Stone Drive		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02920
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 Linda Cooney			Director Name Mary Beth Brown		
Street Address 125 Puritan Avenue			Street Address 262 Welfare Avenue		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02888
Director Name Joan Bora			Director Name Nancy Vuono		
Street Address 205 Scituate Vista Dr Apt 205			Street Address 29 Ashaway Rd		
City Cranston	State RI	Zip 02920	City Westerly	State RI	Zip 02891
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Gale MacDonald				Date 03/01/2025	
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