RI SOS Filing Number: 202571498240 Date: 4/23/2025 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** 12025 Annual Report for the year: Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation 000007575 ST. ANTHONY CLUB, INC. 3. Principal Office Address State 101 GLOVER STREET PROVIDENCE RI 02908 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island OWNING, OPERATING, MAINTAINING AND MANAGING A BUILDING TO 813110 BE USED BY ST. ANTHONY COUNCIL NO. 1618, KNIGHTS OF State of Incorporation COLUMBUS AND ANYTHING ALLIED THERETO. RHODE ISLAND 7. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name MICHAEL J. COLUCCI President Name JOHN G. ABOOD Street Address 101 GLOVER STREET Street Address 92 FAIRHAVEN ROAD City PROVIDENCE ^{Zip} 02908 State State lRI RI CUMBERLAND 02864 Secretary Name MICHAEL J. COLUCCI Treasurer Name JOSEPH G. SALEM Street Address Street Address 14 CONIFER DRIVE 192 FAIRHAVEN ROAD State RI State RI ^{Zip} 02864 City CUMBERLAND N. PROVIDENCE 02904 List ALL directors (names and addresses) Check the box to indicate an attachment <a>IIII **Director Name** MICHAEL J. COLUCCI JOHN G. ABOOD Street Address 101 GLOVER STREET Street Address 92 FAIRHAVEN ROAD State RI City PROVIDENCE Zip 02908 State RI ICUMBERLAND l02864 Director Name Director Name GARY D. FORLONEY JOSEPH G. SALEM Street Address Street Address 26 NAPLES AVENUE 14 CONIFER DRIVE State City PROVIDENCE ^{Zip}02908 City N. PROVIDENCE RI ő2904 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment [PAR VALUE This information is currently of record in the NUMBER OF SHARES CLASS/SERIES Department of State. 1000 \$10.00 PAR COMMON Changes require an additional filing. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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. Name of Authorized Representative Date 04/23/2025 JOHN G. ABOOD, PRESIDENT

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Signature of Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 2 3 2025

FILED

FORM 630- Revised: 12/2023

EXHIBIT A (NAME AND ADDRESS OF DIRECTORS)

- John G. Abood
 101 Glover Street, Providence, RI 02908
- Michael J. Colucci
 92 Fairhaven Road, Cumberland, RI 02864
- Gary D. Forloney
 Naples Avenue, Providence, RI 02908
- Joseph G. Salem
 14 Conifer Drive, North Providence, RI 02904
- 5. Raymond A. Wnuk 30 Conifer Drive, North Providence, RI 02904

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