



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDG BLD
25 APR 23 PM 3:41:27
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1. Entity ID Number 000007575		2. Exact name of the Corporation ST. ANTHONY CLUB, INC.	
3. Principal Office Address 101 GLOVER STREET		City PROVIDENCE	State RI
		Zip 02908	
4. NAICS Code 813110	6. Brief description of the character of business conducted in Rhode Island OWNING, OPERATING, MAINTAINING AND MANAGING A BUILDING TO BE USED BY ST. ANTHONY COUNCIL NO. 1618, KNIGHTS OF COLUMBUS AND ANYTHING ALLIED THERETO.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name JOHN G. ABOOD		Vice-President Name MICHAEL J. COLUCCI	
Street Address 101 GLOVER STREET		Street Address 92 FAIRHAVEN ROAD	
City PROVIDENCE	State RI	City CUMBERLAND	State RI
Zip 02908		Zip 02864	
Secretary Name MICHAEL J. COLUCCI		Treasurer Name JOSEPH G. SALEM	
Street Address 92 FAIRHAVEN ROAD		Street Address 14 CONIFER DRIVE	
City CUMBERLAND	State RI	City N. PROVIDENCE	State RI
Zip 02864		Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☒			
Director Name JOHN G. ABOOD		Director Name MICHAEL J. COLUCCI	
Street Address 101 GLOVER STREET		Street Address 92 FAIRHAVEN ROAD	
City PROVIDENCE	State RI	City CUMBERLAND	State RI
Zip 02908		Zip 02864	
Director Name GARY D. FORLONEY		Director Name JOSEPH G. SALEM	
Street Address 26 NAPLES AVENUE		Street Address 14 CONIFER DRIVE	
City PROVIDENCE	State RI	City N. PROVIDENCE	State RI
Zip 02908		Zip 02904	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES 1000	CLASS/SERIES COMMON
		PAR VALUE \$10.00 PAR	
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 JOHN G. ABOOD, PRESIDENT		Date 04/23/2025	
Signature of Authorized Representative 		FILED	

EXHIBIT A
(NAME AND ADDRESS OF DIRECTORS)

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