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State of Rhode Island
Department of State - Business Services Division

FILED
JUN 12 2025
BY 1078

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
000028700	PROVIDENCE REVOLVER CLUB, INC.
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: Sportsman's Organization
4. NAICS Code: 731990	

6. Principal Office Address	City	State	Zip
25 Seneca Street	Cranston	RI	02921

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

President Name: Joseph P. Checrallah, Jr.			Vice-President Name: Sean Miele		
Street Address: 25 Seneca Street			Street Address: 25 Seneca Street		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Secretary Name: David Lyne			Treasurer Name: Suzanne M. Cannon		
Street Address: 25 Seneca Street			Street Address: 25 Seneca Street		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

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

Director Name: Matthew Ferrara			Director Name: Mark Longo		
Street Address: 25 Seneca Street			Street Address: 25 Seneca Street		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Director Name: Brian Roberti			Director Name:		
Street Address: 25 Seneca Street			Street Address:		
City: Cranston	State: RI	Zip: 02921	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
Joseph P. Checrallah, Jr.	**June 3, 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