



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 000028700		2. Exact name of the Corporation 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 25 Seneca Street			City Cranston	State RI	Zip 02921
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name Joseph P. Checraallah, 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 Joseph P. Checraallah, Jr.				Date June 3, 2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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