State of Rhode Island
Department of State - Business Services Division

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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
000795384	COMMUNITY CORPORATION CLUB
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: C3, INC, IS A membership based non-profit organization operated exclusively for charitable purpose within the meaning of section 501(c)(3) of internal revenue service codes.
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
5 BENJAMIN DRIVE	NORTH PROVIDENCE	RI	02904

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

President Name: RUSSELL T. KETTOR	Vice-President Name: LEONA N. SARMIE
Street Address: 222 Montgomery Avenue	Street Address: 12 Bodell Avenue, APT 6
City: Cranston State: RI Zip: 02905	City: Providence State: RI Zip: 02909
Secretary Name: KAIGONGOR THOMAS KARWEH	Treasurer Name: MICHAEL S. TOAYEN
Street Address: 5 BENJAMIN DRIVE	Street Address: 5 RUZZI STREET
City: NORTH PROVIDENCE State: RI Zip: 02904	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 ☐

Director Name: SUMOIWUO KPANAN	Director Name: CHARLES GEORGE
Street Address: 10 MORNINGSTAR ROW	Street Address: 49 LYNCH STREET, FL 1ST
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02908
Director Name: TOMMY P. KEGBEH	Director Name: ISIATU KARNEH
Street Address: 81 COLE STREET	Street Address: 106 VANDEWATER STREET, APT 2
City: PAWTUCKET State: RI Zip: 02860	City: Providence State: RI Zip: 02908

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
KAIGONGOR THOMAS KARWEH	7/7/2025

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

FILED 11:59 P
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BY mw 7WT

FORM 631- Revised. 12/2023