



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year  
Non-Profit Corporation

2024

- Filing period: February 1 - May 1  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <b>000795384</b>		2. Exact name of the Corporation <b>COMMUNITY CORPORATION CLUB</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>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.</b>	
4. NAICS Code <b>813910</b>			
6. Principal Office Address <b>5 BENJAMIN DRIVE</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02904</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>RUSSELL T. KETTOR</b>		Vice-President Name <b>LEONA N. SARMIE</b>	
Street Address <b>222 MONTGOMERY AVENUE</b>		Street Address <b>12 BODILL AVENUE, APT 6</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02909</b>	
Secretary Name <b>KAI GONGOR THOMAS KARWEH</b>		Treasurer Name <b>MICHAEL S. TOBYEN</b>	
Street Address <b>5 BENJAMIN DRIVE</b>		Street Address <b>5 RUZZI STREET</b>	
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02920</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>SUMDIWUO KPAWAN</b>		Director Name <b>CHARLES GEORGE</b>	
Street Address <b>10 MORNINGSTAR ROW</b>		Street Address <b>49 LYNCH STREET, FL 1<sup>ST</sup></b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02908</b>	
Director Name <b>TOMMY P. KEGREH</b>		Director Name <b>ISIATU KARNEH</b>	
Street Address <b>81 COLE STREET</b>		Street Address <b>106 VANDEWATER STREET, APT 2</b>	
City <b>PAWTUCKET</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02908</b>	
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 <b>KAI GONGOR THOMAS KARWEH</b>			Date <b>7/7/2025</b>
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

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