



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025 Amended
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.

REC'D RI SOS BSD
25 AUG 25 AM 10:05:40

1. Entity ID Number <u>000092422</u>		2. Exact name of the Corporation <u>Rhode Island Gay Men's Chorus</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Chorus</u>	
4. NAICS Code <u>711310</u>			
6. Principal Office Address <u>P.O. Box 23318</u>		City <u>Providence</u>	State <u>R.I.</u> Zip <u>02906</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Michael C Abdallah</u>		Vice-President Name <u>Frank Cerilli</u>	
Street Address <u>11 SYCAMORE ST</u>		Street Address <u>143 Friendly Rd</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Cranston</u>	State <u>R.I.</u> Zip <u>02910</u>
Secretary Name <u>Christopher Verleger</u>		Treasurer Name <u>Kenneth Tasho</u>	
Street Address <u>87 Inez St.</u>		Street Address <u>242 WAYLAND AVE #3</u>	
City <u>NARRAGANSETT</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u> Zip <u>02906</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>member at large</u> <u>John Hickey</u>		Director Name <u>Michael C. Abdallah</u>	
Street Address <u>16 Pilgrim Dr.</u>		Street Address <u>11 SYCAMORE ST</u>	
City <u>Cranston</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u> Zip <u>02909</u>
Director Name <u>member at large</u> <u>Patrick Cumberland</u>		Director Name	
Street Address <u>255 Promenade St apt. 312</u>		Street Address	
City <u>Providence</u>	State <u>R.I.</u>	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 <u>Michael C Abdallah</u>		FILED	Date <u>8/25/25</u>
Signature of Officer/Authorized Representative		AUG 25 2025 <u>KJ</u> 1005	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 25, 2025 10:05 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

