



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 31616		2. Exact name of the Corporation Bridge Club of Rhode Island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Promoting the game of duplicate bridge			
5. Principal office address 400 Reservoir Ave		City Providence	State RI	Zip 02907-3565	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard Tropper			Vice-President Name Gloria Manna		
Street Address 21 Alan Ave			Street Address 70 Harding Ave		
City Pascoag	State RI	Zip 02859	City Johnston	State RI	Zip 02919
Secretary Name Ann Broomfield			Treasurer Name Kathleen Anderson		
Street Address 50 Cambria Ct.			Street Address 1 Wayland Ave #1088		
City Pawtucket	State RI	Zip	City Providence	State RI	Zip 02906
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gloria Manna			Director Name Kathleen Anderson		
Street Address 70 Harding Ave			Street Address 1 Wayland Ave #1088		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02906
Director Name Ann Broomfield			Director Name Richard Tropper		
Street Address 50 Cambria Ct			Street Address 21 Alan Ave		
City Pawtucket	State RI	Zip	City Pascoag	State	Zip 02859
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

JUL 07 2015

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.

File Date _____

Check No _____

By: _____ BY 4054

Gloria Manna 6-26-15
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

GLORIA MANNA
 Print or Type Name of Officer or Authorized Representative