

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

DEC 23 2019 *OR*

1405

Annual Report for the year: 2019
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 32038		2. Exact name of the Corporation New Deal Club of North Providence			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813319		Social Club			
6. Principal Office Address 2221 Boston Neck Rd.		City Saunderstown	State RI	Zip 02874	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas DelVecchio			Vice-President Name Thomas Zambarano		
Street Address 2221 Boston Neck Rd			Street Address 1 Larkwood Court		
City Saunderstown	State RI	Zip 02874	City Johnston	State RI	Zip 02919
Secretary Name Thomas Zambarano			Treasurer Name Thomas DelVecchio		
Street Address 1 Larkwood Court			Street Address 2221 Boston Neck Rd		
City Johnston	State RI	Zip 02919	City Saunderstown	State RI	Zip 02874
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 Ronald Labrie			Director Name Thomas Zambarano		
Street Address 24 Zipporah St.			Street Address 1 Larkwood Court		
City N. Providence	State RI	Zip 02911	City Johnston	State RI	Zip 02919
Director Name Thomas DelVecchio			Director Name		
Street Address 2221 Boston Neck Rd.			Street Address		
City Saunderstown	State R.I.	Zip 02874	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Thomas DelVecchio				Date 12/18/19	
Signature of Officer/Authorized Representative <i>Thomas DelVecchio</i>					

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