



State of Rhode Island  
Department of State - Business Services Division

**FILED**

APR 14 2022

BY *[Signature]*

Annual Report for the year: 2022

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 <b>026851</b>		2. Exact name of the Corporation <b>Providence Emblem Club #1</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>Charitable and Social</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>110 Petteys Ave</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</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>Linda Cooney</b>		Vice-President Name <b>Patricia Raiche</b>	
Street Address <b>125 Puritan St</b>		Street Address <b>3 Columbus Ave</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Westerly</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02891</b>	
Secretary Name <b>Patricia Poudrier</b>		Treasurer Name <b>Anela Poudrier</b>	
Street Address <b>110 Petteys Ave</b>		Street Address <b>110 Petteys Ave</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02909</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Mary Beth Brown</b>		Director Name <b>Sandra Brown</b>	
Street Address <b>262 Welfare Ave.</b>		Street Address <b>27 Sherwood Valley Lane</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Coventry</b>	State <b>RI</b>
Zip <b>02888</b>		Zip <b>02816</b>	
Director Name <b>Gale MacDonald</b>		Director Name <b>NONE</b>	
Street Address <b>75 Independence Way</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	City	State
Zip <b>02921</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>ANELA POU德里ER</b>			Date <b>4/11/2022</b>
Signature of Officer/Authorized Representative <b>-Anela Poudrier</b>			

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