RI SOS Filing Number: 202329794620 Date: 2/27/2023 4:00:00 PM

W

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2023

FEB 2 7 2023

5293

→ 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	2. Exact name of the Corporation					
000026851	Providence Emblem Club #1					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Social and Charitable					
4. NAICS Code						
813319 - Other Social Advoca						
6. Principal Office Address			City	State	Zip	
P.O. Box 8276			Cranston	RI	02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Linda Cooney			Vice-President Name Patricia Raiche			
Street Address 125 Puritan Avenue			Street Address 3 Columbus Avenue			
City Cranston	State RI	^{Zip} 02920	City Westerly	State RI	^{Zip} 02891	
Secretary Name Gale MacDonaid			Treasurer Name Anela Poudrier			
Street Address 75 Independence Way Bldg 50-Apt 112			Street Address 110 Petteys Avenue			
^{City} Cranston	State RI	^{Zip} 02921	^{City} Providence	State RI	^{Zip} 02909	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Mary Beth Brown			Director Name Nancy Vuono			
Street Address 282 Welfare Avenue			Street Address 29 Ashaway Road			
^{City} Warwick	State RI	^{Zip} 02888	^{City} Westerly	State RI	^{Zip} 02891	
Director Name Sandra Brown			Director Name Joan Bora			
Street Address 27 Sherwood Valley Lane, Unit 22			Street Address 205 Scituate Vista Drive Apt 205			
^{City} Coventry	State R I	^{Zip} 02816	^{City} Cranston	State RI	^{Zip} 02921	
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 eithur the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee						
Name of Officer/Authorized Representative Anela Poudrier				Date 02/11/2023		
Signature of Officer/Authorized Representative Anela Foudure						

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov