



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 22 2024

Annual Report for the year: 2024
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.

BY [Signature]

1. Entity ID Number 000026851		2. Exact name of the Corporation Providence Emblem Club #1			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Charitable & Social			
4. NAICS Code 813319-Other Social Adv					
6. Principal Office Address PO Box 8276			City Cranston	State R.I.	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandra Brown			Vice-President Name Patricia Raiche		
Street Address 27 Sherwood Valley Lane Unit 22			Street Address 3 Columbus Ave.		
City Coventry	State RI	Zip 02816	City Westerly	State R.I.	Zip 02891
Secretary Name Lisa Casavant			Treasurer Name Gale MacDonald		
Street Address 50 Murray St Apt. 50			Street Address 106 Stone Drive		
City Coventry	State R.I.	Zip 02816	City Cranston	State R.I.	Zip 02920
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 Mary Beth Brown			Director Name Linda Cooney		
Street Address 272 Welfare Ave.			Street Address 125 Puritan Ave.		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02920
Director Name Nancy Vuono			Director Name Joan Bora		
Street Address 29 Ashaway Road			Street Address 205 Scituate Vista Drive Apt 205		
City Westerly	State RI	Zip 02891	City Cranston	State R.I.	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.					
<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 Gale A. MacDonald				Date 02/08/2024	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

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