RI SOS Filing Number: 200811530040 Date: 06/05/2008 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
005402	NORTH END ITALIAN ATHLETIC CLUB		
3. State of Incorporation: R.I	4. Corporate address in Rhode Island - Street Address: 811 CHARLES ST.	City: PROV.	Zip: 02904
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

SOCIAL CLUB

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
DONALD VENDITELLI	
Street Address: 811 CHARLES ST.	Street Address
City: PROV. State: R.I Zip: 02904	City State Zip
Secretary Name: JAMES REILLY	Treasurer Name: PAUL RUSSO
Street Address: 27 HAWKINS ST	Street Address: 87 LEDGE ST.
City: PROV State: R.I Zip: 02904	City: PROV. State: R.I Zip: 02904

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-1.2-23

Director Name	Director Name
DONALD VENDITELLI	PAUL RUSSO
Street Address: 811 CHARLES ST.	Street Address: 87 LEDGE ST.
City: PROV State: R.I Zip: 02904	City: PROV. State: R.I Zip: 02904
Director Name: JAMES REILLY	Director Name
Street Address: 27 HAWKINS ST	Street Address
City: PROV. State: R.I Zip: 02904	City State Zip

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9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address
DONALD VENDITELLI	
Address: 811 CHARLES ST.	City: PROV. - R.I Zip: 02904

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

[redacted] [redacted]

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File Date: JUN 05 2008
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By:
23060-1-245088
FOR SECRETARY OF STATE USE ONLY

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.

Paul Russo — 6/5/08
Signature of Officer — *Date*

PAUL RUSSO
Print or Type Name of Officer

TREASURE
Title of Officer

[redacted]

Form 631 Rev. 03/07