

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

401.222.3

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.

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to a penalty fee of \$25.00.					
1. Corporate ID No.	ST. MARY'S FEAST RECREATION SOCIETY				
3. State of Incorporation	4. Corporate address in 15 PHEN	Rhode Island - Street Addre	SS	CRANSTON	2ip 0 2920
5. Foreign corporation. Enter pri	NIA		City	State	Zip
6. Brief Description of the character (DN AUCCS ST. MARTS 7. NAMES AND ADDRESSE President Name JOHN NARPOLI	CHUACH, U s of the officers	u crawstow	CHMENT) FILL IN SPACES Vice President Name EDVIA20 C.		HMENTS
Street Address SACAMORE ROAD			Street Address 5 BELLEWE DRIVE		
CRAUSTON	State RI	02920	CRANSTON	State RI	D2920
ROBERT A. SILVESTRI			Treasurer Name FRANK MAN2		
Street Address 37 FUNSTON AVENUE			196 BATEMN AVENUE		
PROVIDENCE	State 121	02908	CRAN STON	State RI	ZIP 07920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Director Name EDWARD RUGGIER \ Street Address			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name FRANK P. SINAPI, TR. Street Address		
14 MASSACHUSETTS STREET			30 B STREET		
CRAUSTON	RI	02920	CRANSTON	State RI	02920
JOSEPH J. CICLONE, TR.			JOSEPH G	RUGGIERI	
73 URBANA STEGET			100 ARTHUR ST. \$14		
CRANSTOU	State RI	07920	CRANSTON	State RI	^{Zip} 02910
Ageni Name	NZ	NOT ALTER - Chan	s require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78		
Address 15 PHENIX AUG 196 BATEMON AVE			CRAN STON	RI DZip	920
This report must	be signed by either th	e President, Vice Pres	ident, Secretary, Assistant Sec	retary, Treasurer, Receiv	er or Trustee

File Date	FILED		
Check No	JUN 04 2008		
By:	By 4884		
]	FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affirm	that I have examined this
report, including any accompanying schedules as	nd statements, and that all
statements contained herein are true and correct.	
Joenh Mann	05-22-08
Signature of Officer	Date
FRANK MANZI	
Print or Type Name of Officer	
TREASURER	
Title of Officer	
	Form 631 Rev. 12/06