

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.

1. Corporate ID No. 32140	1	2. Name of Corporation YOUNG ITALIAN IMPERIAL CLUB						
3. State of Incorporation		tress in Rhode Island - Street Add	ress	City	Zip			
Rhode Island	459 Broady	vav	Providence	02909				
5. Foreign corporation. Ente			City	State	Zip			
					24			
6. Brief Description of the chan	acter of the affairs whic	h are actually conducted in Rhod	e Island					
Is a civic/social associa	tion, for the better	ment of Italian American's	in Rhode Island					
7. NAMES AND ADDRE	SSES OF THE OFF	TCEDS. (**** BOY BOD 1***	ACHIANNES (T) PITT IN ONA	CEC DATABLE MARKET				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name			Vice President Name					
William DeLomba			Anthony Scivola					
Street Address			Street Address					
1979 Cranston Street			30 Penn Street					
City	State	Zip	City	State	Zip			
Cranston	RI	02920-3963	Providence	RI	02909-1002			
Secretary Name			Treasurer Name					
Philip Cinquegrano			James Maisano					
Street Address			Street Address					
48 Concord Ave			16 Frank Court					
City	State	Zψ	City	State	Zip			
Cranston	RI	02910-3302	Warren	RI	02885-1154			
8. NAMES AND ADDRES	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) TILL IN SPA	CES BEFORE USING ATT	ACHMENTS			
THE NUMBER OF DIRE	CTORS OF A DOL	MESTIC (RHODE ISLAND) CORPORATION SHALL	NOT BE LESS THAN TH	REE (3). R.I.G.L. 7-6-2			
Director Name			Director Name					
Robert Richard			Anthony Grasso					
Street Address			Street Address					
28 Alden Street	the state of the s		425 Hope Rd					
City	State	Zip	City	State	Zip			
Providence Director Name	RI	02909-3904	Cranston	RI	02921			
Mathew Lackey			Director Name					
IVIGUIEW LACKEY								
Street Address			Street Address					
Street Address			Street Address					
	State	Zib		State	70			
Street Address 157 Obed Ave	State RI	Ζίρ 02904	Street Address City	State	Zip			
Street Address 157 Obed Ave City North Providence	RI	02904	City					
Street Address 157 Obed Ave City North Providence 9. REGISTERED AGENT Agent Name	RI	02904						
Street Address 157 Obed Ave City North Providence 9. REGISTERED AGENT Agent Name	RI	02904	City anges require filing of Fo					
Street Address 157 Obed Ave City North Providence	RI	02904	City anges require filing of Fo	orm 641 - R.I.G.L. 7-6-13				
Street Address 157 Obed Ave City North Providence 9. REGISTERED AGENT Agent Name Andrew DiStefano	RI	02904	City anges require filing of Fo	orm 641 - R.I.G.L. 7-6-13	_			

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File Date _	FILE	T)				
Check No	JUN 0 5	20	08	··-		
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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 corre	Cl.
James Mais and	0/2/08
Signature of Officer	Date
James Maisano	
Print or Type Name of Officer	
Treasurer	
Title of Officer	

Form 631 Rev. 12/06