State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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		
30071	THORNTON COLUMBIAN BUILDING ASSOCIATION		
3. State of Incorporation: R.I.	4. Corporate address in Rhode Island - Street Address: 966 PLAINFIELD ST.	City: JOHNSTON	Zip: 02919
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: PROVIDE SUPPORT FOR SCALABRINI COUNCIL KNIGHTS OF COLUMBUS IN ITS CHARITABLE WORKS

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

President Name	Street Address	City	State	Zip
PETER LENTINI	966 PLAINFIELD ST.	JOHNSTON	R.I.	02919

Vice President Name	Street Address	City	State	Zip
ALFRED D'ANTUONO	106 EAGLE RD	CRANSTON	R.I.	02920

Secretary Name	Street Address	City	State	Zip
JOHN RICCI	15 WINFIELD RD	JOHNSTON	RI	02919

Treasurer Name	Street Address	City	State	Zip
STEVEN MARIANO	48 PINE HILL RD	JOHNSTON	RI	02919

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. 7-6-23

Director Name	Street Address	City	State	Zip
CHARLES HORSFALL	14 WHITTLESEY RD	JOHNSTON	RI	02919

Director Name	Street Address	City	State	Zip
PAUL FORLINGIERI	15 MONSON ST.	JOHNSTON	RI	02919

Director Name	Street Address	City	State	Zip
SALVATORE CASTALDI	98 PECK HILL RD	JOHNSTON	RI	02919

Director Name	Street Address	City	State	Zip

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	City	Zip

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

[redacted] [redacted]

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.

Peter Lentini 6/28/08
Signature of Officer *Date*

PETER LENTINI
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date	**FILED**
Check No.	JUL 02 2008
By:	By 1057

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 631 Rev. 12/06