



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. <b>115511</b>		2. Name of Corporation <b>Public Facilities Management Foundation</b>		
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>869 PARK AVENUE</b>		City <b>CRANSTON</b>
				Zip <b>02910</b>
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 <b>TO RENDER FINANCIAL OR OTHER ASSISTANCE TO THE CITY OF CRANSTON BY FINANCING, ACQUIRING, CONSTRUCTING, IMPROVING, REMODELING, LEASING AND SELLING BUILDINGS, BUILDING IMPROVEMENTS, EQUIPMENT, FACILITIES.</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>ERNEST CARLUCCI</b>		Vice President Name <b>ANTHONY SYLVIA</b>		
Street Address <b>869 PARK AVENUE</b>		Street Address <b>869 PARK AVENUE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>
Secretary Name <b>VITO SCIOLTO</b>		Treasurer Name <b>CORSINO DELGADO</b>		
Street Address <b>869 PARK AVENUE</b>		Street Address <b>869 PARK AVENUE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 <b>ARAM GARABEDIAN</b>		Director Name <b>ERNEST CARLUCCI</b>		
Street Address <b>869 PARK AVENUE</b>		Street Address <b>869 PARK AVENUE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>
Director Name <b>VITO SCIOLTO</b>		Director Name		
Street Address <b>869 PARK AVENUE</b>		Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City	State
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 <b>William G. Brody</b>		Address		
Address <b>869 Park Avenue</b>		City <b>Cranston</b>	Zip <b>02910</b>	

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

**FILED**

File Date **AUG 21 2008**

Check No. **066219**

By: **11/08**

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RECEIVED

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 hereon are true and correct.

**Corsino Delgado** 8/18/08  
Signature of Officer Date

**CORSINO DELGADO**  
Print or Type Name of Officer

**TREASURER**  
Title of Officer