

H 30381



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 2009**

**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.<br><b>30381</b>   |                      | 2. Name of Corporation<br><b>ST. MARTS FEAST SOCIETY (COMITATO BOSTA DI MARIA SS DELLA CIVITA)</b> |                     |
| 3. State of Incorporation<br><b>RI</b>  |                      | 4. Corporate address in Rhode Island - Street Address<br><b>15 PHENIX AVE</b>                      |                     |
|   |                      | City<br><b>CRANSTON</b>  | Zip<br><b>02920</b> |
| 5. Foreign corporation. Enter principal office address<br><b>N/A</b>  |                      | City   | State               |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br><b>TO PERFORM ACTS OF CHARITY. ALL THE SPIRITUAL NEEDS OF ST. MARTS CHURCH, IN CRANSTON AND CONDUCTING THE ANNUAL FEAST IN THE MOUTH OF JUNE WITH ST. MARTS CHURCH</b> |                      |  |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |                      |  |                     |
| President Name<br><b>JOHN NARACHILLO, JR</b>  |                      | Vice President Name<br><b>EDWARD C. COLAZZI</b>  |                     |
| Street Address<br><b>152 SACAMORE ROAD</b>  |                      | Street Address<br><b>5 BELLEVUE DRIVE</b>  |                     |
| City<br><b>CRANSTON</b>   | State<br><b>RI</b>   | City<br><b>CRANSTON</b>  | State<br><b>RI</b>  |
| Zip<br><b>02920</b>   |                      | Zip<br><b>02920</b>  |                     |
| Secretary Name<br><b>ROBERT A. SILVESTRI</b>  |                      | Treasurer Name<br><b>FRANK MANZI</b>   |                     |
| Street Address<br><b>37 FUNSTON AVE.</b>  |                      | Street Address<br><b>196 BATEMAN AVE</b>   |                     |
| City<br><b>PROVIDENCE</b>   | State<br><b>RI</b>   | City<br><b>CRANSTON</b>  | State<br><b>RI</b>  |
| Zip<br><b>02908</b>   |                      | Zip<br><b>02920</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<br><b>EDWARD RUGGIERI</b>   |                      | Director Name<br><b>JOSEPH A. COSTANZO</b>   |                     |
| Street Address<br><b>14 MASSACHUSETTS ST.</b>   |                      | Street Address<br><b>12 TRAPOLI ST.</b>  |                     |
| City<br><b>CRANSTON</b>   | State<br><b>R.I.</b> | City<br><b>WEST WARWICK</b>  | State<br><b>RI</b>  |
| Zip<br><b>02920</b>   |                      | Zip<br><b>02893</b>  |                     |
| Director Name<br><b>JOSEPH J. CICLONE, JR</b>   |                      | Director Name<br><b>FRANK P. SIMONI, JR</b>  |                     |
| Street Address<br><b>73 URBANA ST.</b>  |                      | Street Address<br><b>30 B STREET</b>   |                     |
| City<br><b>CRANSTON</b>   | State<br><b>RI</b>   | City<br><b>CRANSTON</b>  | State<br><b>RI</b>  |
| Zip<br><b>02920</b>   |                      | Zip<br><b>02920</b>  |                     |
| 9. REGISTERED AGENT IN RHODE ISLAND   |                      |  |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78  |                      |  |                     |

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

File Date 5-13-09  
 Check No. 7340  
 By: MNC  
 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.

Signature of Officer Frank Manzi Date \_\_\_\_\_  
 Print or Type Name of Officer FRANK MANZI  
 Title of Officer TREASURER