

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.		2. Name of Corporation				
27909	Salvato	Salvatore Mancini Resource & Activity Ctr. Inc.				
3. State of Incorporation	4. Corporate add	4. Corporate address in Rhode Island - Street Address			Zip	
RI	2 Atlar	ntic Blvd.		N. Prov.	02911	
5. Foreign corporation. Enter principal office address			City	State	Zip	
2 Atlantic Blvd.			N. Prov.	RI	02911	
6. Brief Description of the charact	ter of the affairs which	are actually conducted in Rboo	le Island			
Multi Purpos	e Senior	Center				
7. NAMES AND ADDRESS	SES OF THE OFF	CERS: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Barry Fishback			Dr. Joseph Cambio			
Street Address			Street Address			
11 Chestnut St.			1 Adelaide Ave			
City	State	Zip	City	State	Zip	
N. Prov.	RI	02904	N. Prov.	RI	02911	
Secretary Name			Treasurer Name			
Anthony Gianfrancesco			Norma DiLibero			
Street Address			Street Address			
1612 Smith St	- Levere	2:.	12 Turcone S	St.		
City	State	^{Zφ} 02911	Сиу	State	Zip	
N. Prov.	RI		N. Prov. <i>TTACHMENT</i>) ☐ FILL IN SPAC	RI	02911	
Director Name	TORS OF A DOM	ESTIC (RHODE ISLANI	D) CORPORATION SHALL I	NOT BE LESS THAN THE	<u>EE</u> (3). R.I.G.L. 7-6-23	
Sandra Carrazzo Street Address			John Marino Street Address			
19 Tanglewood	Lane Istate	Zip	300 Smithfie	old Rd Unit 3	IP8	
*	RI	02911			, i	
N. Prov. Director Name		[02911	N Prov. Director Name	LRI	102904	
	112					
Carol Pontarelli Street Address			Jean Restivo Street Address			
15 Victor St.			66 Hunter Ru	ı <u>n</u>		
City	State	Zip	CHy	State	Zip	
N. Prov. 9. registered agent i	RI n rhode islan	02911 D	N. Prov.	kī	02904	
This information is Arrent	Çeşitan in26e	officer at several wir	Sake: Changes Peruny filing O	Form 641 - R.I.G.L. 7-6-1	3/7-6-78	
This report m	ust be signed by e	ither the President, Vice	President, Secretary, Assistan	at Secretary, Treasurer, Rec	ceiver or Trustee	

File Date	FILED
Check No.	MAY 1 5 2009
Ву:_В	x 7/1)
ı	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm	that I have examined this
report, building any accompanying schedules a	and statements, and that all
statements contained harding the true and correct	t.
	5/12/09
Signature of Officer	Date
Barry Fishback	
Print or Type Name of Officer	
President	
Title of Officer	· · · · · · · · · · · · · · · · · · ·

Attabhment

Mr. Joseph Andreozzi 17 Twins Lane Director Name:

Address: City: North Providence

State: RΙ Zip Code: 02904

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