



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>87879  |             | 2. Name of Corporation<br>University of Bologna Alumni Association of Rhode Island, Inc. |   |                  |              |
| 3. State of Incorporation<br>Rhode Island   |             | 4. Corporate address in Rhode Island - Street Address<br>1239 Hartford Avenue            |   | City<br>Johnston | Zip<br>02919 |
| 5. Foreign corporation. Enter principal office address<br>n/a   |             |  | City                                      | State            | Zip          |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>Conducting Social Events for Gradutes of The Unversyt of Bologna   |             |  |   |                  |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |             |  |   |                  |              |
| President Name<br>Dr. William Andreoni  |             |  | Vice President Name<br>Dr. Anthony Barone |                  |              |
| Street Address<br>1524 Atwood Avenue  |             |  | Street Address<br>725 Reservoir Avenue    |                  |              |
| City<br>Johnston  | State<br>RI | Zip<br>02919   | City<br>Cranston                          | State<br>RI      | Zip<br>02910 |
| Secretary Name  |             |  | Treasurer Name<br>Dr. Marvin Wasser       |                  |              |
| Street Address  |             |  | Street Address<br>496 Pontiac Avenue      |                  |              |
| City  | State       | Zip  | City<br>Cranston                          | State<br>RI      | Zip<br>02910 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS<br><b>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</b> |             |  |   |                  |              |
| Director Name<br>Dr. William Andreoni   |             |  | Director Name<br>Dr. Anthony Barone       |                  |              |
| Street Address  |             |  | Street Address                            |                  |              |
| City  | State       | Zip  | City                                      | State            | Zip          |
| Director Name<br>Dr. Marvin Wasser  |             |  | Director Name                             |                  |              |
| Street Address  |             |  | Street Address                            |                  |              |
| City  | State       | Zip  | City                                      | State            | Zip          |
| 9. REGISTERED AGENT IN RHODE ISLAND<br>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

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.

*Dr. Marvin Wasser*  
Signature of Officer Date

**Dr. Marvin Wasser**  
Print or Type Name of Officer

**Treasurer**  
Title of Officer

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>MAY 15 2009</b> |
| By:                             | <i>1001</i>        |
| FOR SECRETARY OF STATE USE ONLY |                    |