

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street ence. RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.		(2427-012)	o y a y to stroyett to to
1. Corporate ID No. 2. Name of Corporation TERMMANO SociA	y Club		
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Rhode Island 293 AMhens I St.		PROV.	02909
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 TO PROMOTE BROTHER HOOD AND SPORTS MAN Ship in wholding out Democratic was Of Life			
7. NAMES AND ADDRESSES OF THE OFFICERS: (A BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Anthony L. Pieranunzi	***************************************	Ph DeLu	'CA
Street Address 56 FAIRMOUNT AVE.	Street Address / 91 CARL	eton st.	
City PROV. State R.I. Zip 2908	Cuy PROV.	state R. I.	02908
Secretary Name Michael Frenze	Treasurer Name John	S. TORTO	LANO
Street Address 3 1 MOUNTPLE AS ANT AVE.	Street Address 35 Rive	edale	<i>s</i> >.
City PROV. State R.I. 22908	Cay PROV.	State L.I.	02909
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 Phillip NANZO	Director Name John Y	CGOWAN	
Street Address 66 WAYSide de.	Street Address 9 Wio		
CHYCRANSTON SLOWER. I. 2102920	North Prov.	State R.J.	02911
Christolher lieranunzi	Director Name >	South worth	
Street Address 56 FAIR MOUNT AVE.	Street Address 6 Hol		
State R. J. Zip 02 908 9. REGISTERED AGENT IN RHODE ISLAND	City PROV.	State R. I.	02908
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 Pres	ident, Secretary, Assistant Sec	retary, Treasurer, Rece	ver 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
File Date FILED	Statements contained herein are true and correct.
Check No. JUN 1 0 2009	Joseph Deluca Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Vice PRESidenT
	Tule of Officer