

**A. Ralph Mollis,** Secretary of State Corporations Division 148 W. River Street

148 W. River Street Providence, RI 02904-2615

401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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

penaity fee of \$25.00.				·	, and the second second		
1. Corporate ID No. 569	2. Name of Corporation ANNAMBRIB SARTTELCI-DIPBNNI BEL < BATE SENOCHESHIP FUND, IN						
3. State of Incorporation		thode Island - Street Address これない ろて・		CRANSTAN	a 25 50		
5. Foreign corporation. Enter pr	incipal office address		City	State	Zip		
7. NAMES AND ADDRESS	e Vocal	5-Haur	SHIPS TO YOU MENT) [] FILL IN SPACES B	PERB 5. EFORE USING ATTACH	MENTS		
ANNAMBRIA 5. Di PANWI			RONALD J. DI PANNI				
Street Address SS TREMONT ST.			Street Address 55 TREMONT 5T.				
City CRANSTAN	State BI	S 2 9 2 Q	CHANSTON	State EX	の フ よ ス は の ス の ス の の れ の に に に に 。 に 。 に に に に に に に に に に に に に		
ANNETTE CEMIEUX			RONBLD J. DI PANNI				
Street Address 45 TREMENT ST.			Street Address TREMONT ST.				
CRANSTON	State & 1	\$ 29 2a	CRANSTON	State 81	02920		
8. NAMES AND ADDRESSE THE NUMBER OF DIRECT			2077074555	EFORE USING ATTACH BE LESS THAN THREE	MENTS (3). R.I.G.L. 7-6-23		
DRVID ASCIBRI			Director Name MCHAEL	Beciari	, ,		
Street Address 3 NEEDHAM 5T.			Street Address 4 EVERBLOOM				
JEHNS TON	State RI	240 02920	JOHNSTON	State RI	02920		
ELIZBBETH RADI			Director Name  WONE				
Street Address 2) STOLCY CANE			Street Address No DE				
City CRAWSTO (  9. REGISTERED AGENT IN	State  R I  RHODE ISLAND	82921	City NONE	State NEW E	Nant		
This information is currently	of record in the Office	of the Secretary of State	e. Changes require filing of Form	1641 - R.I.G.L. 7-6-13/7-	6-78		
This report mus	t he signed by either th	ne President Vice Pros	ident Secretory Assistant Secre				

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

## FILED

	MAY 1 1 2010
File Date	
Check ABY	3939
7	
Ву:	
FOR SI	ECRETARY 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 a
statements contained herein are true and correct.

paré f	_		5	18/10
Signature of Officer				Date
RONALD	J.	DI PAN	nc (	
Print or Type Name of Officer				

PRESIDENT TREASURED

Title of Officer