



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 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 penalty fee of \$25.00.

1. Corporate ID No. 27006		2. Name of Corporation ITALIA American Club of Warren	
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address 13 Kelly St		City Warren
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Scott Delasandro		Vice President Name Curtis Stebbins	
Street Address 7 Driscoll Lane		Street Address 5 Colonial Drive	
City Warren	State RI	Zip 02885	City Warren
Secretary Name Jimmy Pine		Treasurer Name Kenny Kinny	
Street Address PO Box 1163		Street Address 13 Liberty St	
City Bristol	State RI	Zip 02809	City WARREN
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 Gary Chandler		Director Name John Grady	
Street Address PO Box 41		Street Address 49 Lampson Dr	
City Barrington	State RI	Zip 02806	City Barrington
Director Name Mark Konakoski		Director Name Romeo Sampson	
Street Address 200 Market St		Street Address 13 East St	
City Warren	State RI	Zip 02885	City Riverside
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

FILED

OCT 14 2010

BY 11/6/9

File Date

Check No.

By:

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

James Pine

Print or Type Name of Officer

Secretary

Title of Officer

10/13/10

Date