



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. 28246		2. Name of Corporation MARIA SS DELLA DI FESA SOCIETY			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 15 LAFAYETTE ST		City JOHNSTON	Zip 02919
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 FUNDRAISERS TO BENEFIT VARIOUS CHARITIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL MASSARONE			Vice President Name DENNIS ROCCHIO		
Street Address 26 CUTLER ST			Street Address 321 GREENVILLE AVE		
City PROV	State RI	Zip 02909	City JOHNSTON	State RI	Zip 02919
Secretary Name CHRISTY MARINO			Treasurer Name CHESTER LEONE		
Street Address 114 GEORGEWATERMAN Rd.			Street Address 71 NORTH LONG ST		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
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 AMEDEE BUCCI			Director Name JAMES SACCOCCIO		
Street Address 26 LAFAYETTE ST			Street Address 208 CHESTNUT OAK Rd.		
City JOHNSTON	State RI	Zip 02919	City GLOSTER	State RI	Zip 02814
Director Name THOMAS CERVINI			Director Name DONALD EVO		
Street Address 120 LYMAN AVE			Street Address 2 LAKEVIEW DR		
City N. PROV.	State RI	Zip 02911	City GREENVILLE	State RI	Zip
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

File Date **DEC 16 2010**

Check No. **BY 2593**

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 **Michael Massarone** Date **12/14/10**

Print or Type Name of Officer **MICHAEL MASSARONE**

Title of Officer **PRESIDENT**