

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

penalty fee of \$25.00.			*			
1. Corporate ID No.	2. Name of Corporation					
6/335	North Providence Chanter - HARP-#4580					
3. State of Incorporation	rporation 4. Corporate address in Rhode Island - Street Address			City /	Zip	
	35 Nowth	burne Strac	9+	MO, FrouRI	02904	
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 office 83 9+1010 011 State meelings						
Members are well informed about all issues, Also, excellent guest						
Speakers at medtings, plus many interesting tribs. Denutions are also give						
President Name			Vice President Name			
Pauline Curreri			Antonina Celona			
Street Address			Street Address			
440 Academy Ave			1765 Bicentannial Way Uni+ H			
CHY Prov	State R.T.	02908	No, Prov.	State R.I.	12911	
Secretary Name			Treasurer Name	a () C		
Barbara Scarpelli			Dorothy Vocristotaro			
Street Address			Street Address			
25 John Street			35 Nawthorne St.			
No. Prov.	State R. I,	02904	Mo, Provi	State P. I,	02904	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECT	ORS OF A DOMESTIC	C (RHODE ISLAND) C	i e	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Americo Izzi			Neil Plante			
Street Address			Street Address			
15 F Foran	d Circle		18 190Kwo	od Drive		
Tohneson	State R. F.	zip 02919	John Stoll	State R.I	02919 x	
Director Name			Director Name			
Norma Cansoniello			Ann Bartelli			
Street Address			Street Address			
219 Grosychor Ave			1650 Donalas Ave-#1315			
Ho, Prov.	State R. T.	240 02904	Ho, Prov.	State R, I,	02904	
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						

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
FILED File Date	Statements contained herein are true and correct.
Check No. MAY 2 7 2011	Signature of Officer Date Dorothy M. De Cristofaro
By:	Print or Type Name of Officer Tragsurer
POR SECRETARY OF STATE USE ONLY	Title of Officer