



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 2011

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. 28168		2. Name of Corporation "MADONNA DEL ROSARIO SOCIETY"	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 17 ROSARIO DRIVE	
		City PROVIDENCE	Zip 02909
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 FRATERNAL ORGANIZATION			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name PHILIP A. ALMAGNO		Vice President Name DONALD DEFRETA	
Street Address 289 POCASSET AVENUE		Street Address 31 LUCILE STREET	
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE
			State RI
			Zip 02909
Secretary Name JOHN CAMPANINI, JR.		Treasurer Name FRANK CICCONE	
Street Address 201 SISSION STREET		Street Address 54 MERCY STREET	
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE
			State RI
			Zip 02909
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 PHILIP A. ALMAGNO		Director Name RUSSEL DIMEO	
Street Address 289 POCASSET AVENUE		Street Address 20 ANGELO AVENUE	
City PROVIDENCE	State RI	Zip 02909	City N. PROVIDENCE
			State RI
			Zip 02904
Director Name JOHN ALMAGNO		Director Name	
Street Address 3 MIDWESTERN CIRCLE		Street Address	
City JOHNSTON	State RI	Zip 02919	City
			State
			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

**28168
FILED**

File Date JUN 01 2011
 Check No. _____
 By: BY 811
 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.

Philip A. Almagno _____
 Signature of Officer Date
PHILIP A. ALMAGNO
 Print or Type Name of Officer
PRESIDENT
 Title of Officer