



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	Zip
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