

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 subj

penalty fee of \$25.00.				me preserived by ww (R.I.G.L.	. /-0-91) is subject to a
1. Corporate ID No.	2. Name of Corporation				
54535	Fontegreca Social Club				
3. State of Incorporation	1 -	ddress in Rhode Island - Street A	Address	City	Zip
_RI		as Avenue		Providence	02908
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the ch	aracter of the affairs wh	ich are actually conducted in Rh	oode Island		
Bocce club		-			
M NY ARENE AND AND			ture —		
7. NAMES AND ADDE	lesses of the of	FICERS: ("X" BOX FOR A	TACHMENT) 🔲 FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Antonio Barone	·				
Street Address			Street Address		
97 Glocester Street			<del></del>		
Providence	State	Zip	City	State	Zip
Secretary Name	RI	02908			
Secretary Name			Treasurer Name Anthony Gianfrance	esco	
Street Address			Street Address 1612 Smith Street		
City	State	Zip	City	State	Zip
			No. Providence	RI	02911
8. NAMES AND ADDR	ESSES OF THE DI	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPA	CES BEFORE USING ATTA	CHMENTS
THE NUMBER OF DI	RECTORS OF A DO	MESTIC (RHODE ISLA)	D) CORPORATION SHALL	NOT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
Luigi Gianfrancesco			Michele DiGregorio		
Street Address			Street Address		
26 Italy Street			17 Gloucester Street		
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02908
Director Name	Briant ran	(EXC)	Director Name		102000
Street Address	THAM I CAN	<u>icsco</u>			
1612 Smith Street			Street Address		
No. Providu 9: REGISTERED AGEN	State  State  T IN RHODE ISEA	2ip 02911	City	State	Zip
	A 1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	200 (200 pp. 1 ) (200 pp. 1	State. Changes require filing o	f Form 641 - R.I.G.L. 7-6-13	3/7-6-78
TI.	<del></del>				

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

<b>54535 FILED</b>	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying ecledules and statements, and that all
File Date JUN 2 7 2011	statements for faired herein are rule and correct.    Signature of Officer   Date
By:  FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  Theas were  Title of Officer