



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 132265		2. Exact name of the Corporation Sandi "McGee" Igliazzi Memorial Fund, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island to hold fund raising events the proceeds of which will be used for charitable causes			
5. Principal office address 10 Park Blvd.		City West Warwick	State RI	Zip 02893	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph A. Igliazzi		Vice-President Name Gina M. Polis			
Street Address 8 Woodward Rd.		Street Address 10 Park Blvd.			
City Brooklyn	State CT	Zip 06234	City West Warwick	State RI	Zip 02893
Secretary Name Brian Dnn		Treasurer Name			
Street Address 250 Elm St.		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph A. Igliazzi		Director Name Gina M. Polis			
Street Address 8 Woodward Rd.		Street Address 10 Park Blvd.			
City Brooklyn	State CT	Zip 06234	City West Warwick	State RI	Zip 02893
Director Name Brian Dunn		Director Name			
Street Address 250 Elm St.		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

JUN 07 2012

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File Date _____
 Check No _____
 By: _____

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 _____ Date **6/5/12**

Joseph A. Igliazzi
 Print or Type Name of Officer

President
 Title of Officer

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