



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 2012**

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. 27399		2. Name of Corporation KELLEY-GAZZERRO SENIOR CITIZENS CLUB			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 1418 PLAINFIELD ST.		City CRANSTON	Zip 02920
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 <input checked="" type="checkbox"/>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARGARET DE RAIMO			Vice President Name ANNA CALABRO		
Street Address 83 MADISON AVE.			Street Address 131 PLEASANT VIEW AVE.		
City CRANSTON	State R.I.	Zip 02920	City SMITHFIELD	State R.I.	Zip 02917
Secretary Name DOLORES DI MEGLIO			Treasurer Name MARGARET DE RAIMO		
Street Address 2 NEEDHAM ST			Street Address 83 MADISON AVE		
City JOHNSTON	State R.I.	Zip 02919	City CRANSTON	State R.I.	Zip 02920
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 LOUISE SIMONELLI			Director Name DOROTHY BIANCHI		
Street Address 41 EDDY ST.			Street Address 4 WHITTLESEY DRIVE		
City CRANSTON	State R.I.	Zip 02920	City JOHNSTON	State R.I.	Zip 02919
Director Name NORMA FERRI			Director Name		
Street Address 47 SPOKANE ST.			Street Address		
City PROVIDENCE	State R.I.	Zip 02904	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name MARGARET DE RAIMO			Address		
Address 83 MADISON AVE			City CRANSTON	Zip 02920	

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

**FILED**

JUN 13 2012

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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.

Margaret De Raimo 6-12-12  
Signature of Officer Date

MARGARET DE RAIMO  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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