



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molits, 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. <b>267984</b>		2. Name of Corporation <b>MAYOR CHARLES LOMBARDI HOLIDAY CHARITABLE SCHOLARSHIP FUND</b>	
3. State of Inc. Corporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>17 TWINS LANE</b>	
		City <b>No. PROV.</b>	Zip <b>02904</b>
5. Foreign corporation. Enter principal office address			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>ACQUIRE FUNDS TO DISTRIBUTE FOR HOLIDAY, CHARITABLE, AND SCHOLARSHIP EVENTS AND AGENCIES</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>CHARLES A. LOMBARDI</b>		Vice President Name <b>CAROL LOMBARDI</b>	
Street Address <b>30 C NIPMUC TRAIL</b>		Street Address <b>30 C NIPMUC TRAIL</b>	
City <b>N. PROV.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. PROV.</b>
State <b>RI</b>	Zip <b>02904</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>ROSEMARY ANDREOZZI</b>		Treasurer Name <b>JOSEPH D. ANDREOZZI</b>	
Street Address <b>17 TWINS LANE</b>		Street Address <b>17 TWINS LANE</b>	
City <b>N. PROV.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. PROV.</b>
State <b>RI</b>	Zip <b>02904</b>	State <b>RI</b>	Zip <b>02904</b>
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 <b>CHARLES A. LOMBARDI</b>		Director Name <b>CAROL LOMBARDI</b>	
Street Address <b>30 C NIPMUC TR.</b>		Street Address <b>30 NIPMUC TR</b>	
City <b>N. PROV.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. PROV.</b>
State <b>RI</b>	Zip <b>02904</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>ROSEMARY ANDREOZZI</b>		Director Name <b>JOSEPH D. ANDREOZZI</b>	
Street Address <b>19 TWINS LN.</b>		Street Address <b>17 TWINS LN.</b>	
City <b>N. PROV.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. PROV.</b>
State <b>RI</b>	Zip <b>02904</b>	State <b>RI</b>	Zip <b>02904</b>
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		Address	
Address		City	
		Zip	

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

**FILED**

**JUN 29 2012**

File Date \_\_\_\_\_ BY JDA  
Check No. \_\_\_\_\_ 29-173986  
By: \_\_\_\_\_  
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.

Joseph D. Andreozzi 6-25-12  
Signature of Officer Date  
JOSEPH D. ANDREOZZI  
Print or Type Name of Officer  
TREASURER  
Title of Officer