



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. 000026052		2. Exact name of the Corporation Dante Alighiera Social Club			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Social Club			
5. Principal office address 43 Bangdon Ave		City Pawtucket		State RI	Zip 02861
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Jean B Vitale			Vice-President Name Marcus Vitale		
Street Address 43 Bangdon Avenue			Street Address 43 Bangdon Ave		
City Pawtucket State RI Zip 02861			City Pawtucket State RI Zip 02861		
Secretary Name Jean B Vitale			Treasurer Name Jean B Vitale		
Street Address 43 Bangdon Ave			Street Address 43 Bangdon Ave		
City Pawt. State RI Zip 02861			City Pawt. RI State RI Zip 02861		
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 Jean B Vitale			Director Name Marcus Vitale		
Street Address 43 Bangdon Ave			Street Address 43 Bangdon Ave		
City Pawtucket, RI State RI Zip 02861			City Pawt. RI State RI Zip 02861		
Director Name Marcus Vitale Jr			Director Name		
Street Address 39 Oak Ave			Street Address		
City Att State MA Zip 02703			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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

OCT 23 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.

Signature of Officer
Jean B Vitale

Print or Type Name of Officer
JEAN B VITALE

Title of Officer
President