



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. 54535		2. Exact name of the Corporation Fontegreca Social Club			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Bocce Club			
5. Principal office address 800 Douglas Avenue			City Providence	State RI	Zip 02908
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Antonio Barone			Vice-President Name		
Street Address 97 Gloucester St.			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name Anthony Granfrancesco		
Street Address			Street Address 1612 Smith Street		
City	State	Zip	City No Providence	State RI	Zip 02911
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 Luigi Granfrancesco			Director Name Michele DiGregorio		
Street Address 26 Italy St.			Street Address 17 Gloucester St.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Mano Granfrancesco			Director Name		
Street Address 530 Colwell Rd			Street Address		
City Burrillville	State RI	Zip 02856	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.					

2012 OCT 23 PM 12:08

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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY
 BY 02101679

FILED 1224
 OCT 23 2012

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 [Signature] Date 10/23/12
 Print or Type Name of Officer Anthony Granfrancesco
 Title of Officer Treasurer