



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 2011

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. 000315894		2. Exact name of the Corporation A.J. Paliotta Charitable Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable organization for purpose of providing assistance to A.J. Paliotta to offset his medical expenses and all other lawful business.			
5. Principal office address 81 Robinlyn Drive		City Cranston	State RI	Zip 02921	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kathleen M. Paliotta		Vice-President Name Matthew McGinness			
Street Address 81 Robinlyn Drive		Street Address 35 Abigail Road			
City Cranston	State RI	Zip 02921	City Cumberland	State RI	Zip 02864
Secretary Name Anthony P. Paliotta		Treasurer Name Kathleen M. Paliotta			
Street Address 81 Robinlyn Drive		Street Address 81 Robinlyn Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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 Kathleen M. Paliotta		Director Name Matthew McGinness			
Street Address 81 Robinlyn Drive		Street Address 35 Abigail Road			
City Cranston	State RI	Zip 02921	City Cumberland	State RI	Zip 02864
Director Name Anthony P. Paliotta		Director Name			
Street Address 81 Robinlyn Drive		Street Address			
City Cranston	State RI	Zip 02921	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

DEC 24 2012

BY Kathleen M. Paliotta

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.

Kathleen M. Paliotta 12/17/12
 Signature of Officer Date

Kathleen M. Paliotta

Print or Type Name of Officer

President

Title of Officer