



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 **2013**

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. 000133116		2. Exact name of the Corporation The Station Fire Memorial Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To raise revenue and/or capital for the construction/development and maintenance of a memorial, memorial related items and services for the victims of what is know as the Station Night Club Fire			
5. Principal office address 20 Hall Street		City East Greenwich	State RI	Zip 02828	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gina M. Russo		Vice-President Name Robin Steets Petrarca			
Street Address 78 Wilbur Avenue		Street Address 66 Highland Street			
City Cranston	State RI	Zip 02920	City West Warwick	State RI	Zip 02816
Secretary Name Jessica Garvey		Treasurer Name Shawn Corbett			
Street Address 20 Hall Street		Street Address 20 Hall Street			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 Victoria Egan		Director Name Cara Kaczmarczyk			
Street Address 450 Providence Street # 18		Street Address 119 Pettis Drive			
City West Warwick	State RI	Zip 02916	City Warwick	State RI	Zip 02889
Director Name Lisa Del Sesto		Director Name			
Street Address 8 Brenda Drive		Street Address			
City Johnston	State RI	Zip 02919	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

MAY 22 2013

BY 2977

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.

Gina M. Russo 5-13-13
 Signature of Officer Date

Gina M. Russo
 Print or Type Name of Officer

President
 Title of Officer