

A. Ralph Mollis, Secretary of Sta Corporations Division 148 W. River Stre Providence, RI 02904-26.

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013 NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1013 NO.

401 222 30

Filing Period: June 1 - June 1	e 30 • Filing Fee: 6 -6-94, each corporation	\$20.00" • THIS REPO I failing or refusing to file	RT MUST BE TYPED OR P its annual report within the time	e prescribed by law (R.I.G.L.	7-6-91) is subject to a		
Corporate II) No.	2 Name of Corporation						
151857	Friends	s of the Mus	sic Mansion Inc	<u> </u>	170		
State of Incorporation	a Corporate address in	Rhode Island - Street Addi	CON.	City	02889		
RI	35 Ran	nblewood Dri	ve	Warwick			
Foreign corporation. Enter prin	cipal office address		City	State	Zip		
the establish 7. NAMES AND ADDRESSES President Name:	e public's ment of an softhe officer	institution	for instruction		• •		
Anthony Delve	CCIIIO		Street Address				
Sireer Address 35 Ramblewood	Drive						
	State	Zij)	City	State	Zip		
www.warwick	RI	02889					
WAINICK RA			Treasurer Name				
•			Marion DeCe	sarıs	 		
street Address			Street Address 36 Fairview Avenue				
Же	State	Zip	Cranston	State RI	02905		
B. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) TILL IN SPACE	ES BEFORE USING ATTA	ACHMENTS		
B. NAMES AND ADDRESSES THE NUMBER OF DIRECTO	ORS OF A DOMEST	IC (RHODE ISLAND) CORPORATION SHALL N	<u>OT BE LESS THAN THR</u>	<u>EE</u> (3). R.I.G.L. 7-6-2.		
Director Name			Director Name				
Anthony Delve	cchio		Marion DeCesaris				
Street Address			Street Address				
35 Ramblewood	Drive		36 Fairview Avenue				
On:	State	Ziji	Gtp:	State	Zip		
Warwick	RI	02889	Cranston	RI	<u> </u>		
Director Name	<u> </u>		Director Name	_			
Mark B. Morse			Edward Markward				
Sirect Address 833 Hartford Avenue			Street Aldress Taft Avenue				
City	State	2(p	City	State	χήι O O O O I		
Johnston	RI	02919	N. Provide	•	02904		
9. REGISTERED AGENT IN			HED FOR ADDITIO				
This information is currently	of record in the Offic	ce of the Secretary of S	State. Changes require filing of	Form 641 - R.I.G.L. 7-6-1	3/7-6-78		
This report must	be signed by either	the President, Vice F	President, Secretary, Assistant	Secretary, Treasurer, Re	ceiver or Trustee		

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File Date				
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Signature of Officer

Anthony Delvecchio

Print or Type Name of Officer
President

Title of Officer

Form 631 Rev. 09/17

ADDITIONAL DIRECTORS

Dr. Samuel Breene 41 Irving Avenue Providence, RI 02906

Michael Aaronson 1604 Broad Street Cranston, RI 02905

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