



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2013 MAY 23 PM 11:00

1. Entity ID No. 29085		2. Exact name of the Corporation SOCIETA' DI MUNDO SOCARSO DI S. ANTONIA DA PADOVA	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Social Club	
5. Principal office address 637 CHARLES STREET		City PROVIDENCE	State R.I.
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		Zip 02904	
President Name ANTHONY ROMEO		Vice-President Name ROBERT FERRARO	
Street Address 20 DEVON ST.		Street Address 40 MEADOW VIEW BLVD.	
City PROVIDENCE	State R.I.	City No. PROV.	State R.I.
Zip 02904		Zip 02904	
Secretary Name MARK PANZARELLA		Treasurer Name AGOSTINO A. ANTONUCCI	
Street Address 1 STAGECOACH DRIVE		Street Address 12 Cindy Circle	
City JOHNSON	State R.I.	City JOHNSON	State R.I.
Zip 02919		Zip 02919	
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 JOHN MANCONE		Director Name DOMENIC D. SANDRO	
Street Address 11 Oldfield Drive		Street Address 34 VERTURNO STREET	
City No. Smithfield	State R.I.	City No. PROV.	State R.I.
Zip 02896		Zip 02904	
Director Name ROBERT FERRARO		Director Name ALBERT SCARF	
Street Address 40 MEADOW VIEW BLVD		Street Address #4 LAKE DRIVE	
City No. PROV.	State R.I.	City No. PROV.	State R.I.
Zip 02904		Zip 02904	
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

MAY 23 2013

BY cm 197889

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

Date

Print or Type Name of Officer

Title of Officer

FILED^m

5/22/2013

[Signature]
AGOSTINO A. ANTONUCCI
TREASURER