



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. 28054		2. Exact name of the Corporation Loggia Luce Moderna No 1112 Ordine Figli D'Italia in America			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Fraternal Organization			
5. Principal office address 99 Hicks Street		City East Providence		State RI	Zip 02916
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kevin A. Papa			Vice-President Name Edward A. Fonseca		
Street Address 419 Rocky Hill Road			Street Address 4 Garfield Terrace		
City No Scituate	State RI	Zip 02857	City West Warwick	State RI	Zip 02893
Secretary Name Ralph T. Della Rosa			Treasurer Name David J. Lanni		
Street Address 60 Don Avenue			Street Address 23 Larchwood Drive		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
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 Louis M. Falaguerra			Director Name Francis X. Squittierra		
Street Address 12 Plum Road			Street Address 5 Plum Road		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name Vito DiCandido			Director Name Antonio Schiappa		
Street Address 18 Grant Avenue			Street Address 14 Lavaughn Street		
City Coventry	State RI	Zip 02816	City Providence	State RI	Zip 02909
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

JUN 20 2013

BY 4300

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

Kevin A. Papa

Print or Type Name of Officer

President

Title of Officer

6/18/13
Date