



**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. <b>28054</b>		2. Exact name of the Corporation <b>Loggia Luce Moderna No 1112 Ordine Figli D'Italia in America</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Fraternal Organization</b>			
5. Principal office address <b>99 Hicks Street</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02916</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Kevin A. Papa</b>		Vice-President Name <b>Edward A. Fonseca</b>			
Street Address <b>419 Rocky Hill Road</b>		Street Address <b>4 Garfield Terrace</b>			
City <b>No Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Ralph T. Della Rosa</b>		Treasurer Name <b>David J. Lanni</b>			
Street Address <b>60 Don Avenue</b>		Street Address <b>23 Larchwood Drive</b>			
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
<b>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"/></b>					
Director Name <b>Louis M. Falaguerra</b>		Director Name <b>Francis X. Squitiere</b>			
Street Address <b>12 Plum Road</b>		Street Address <b>5 Plum Road</b>			
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
Director Name <b>Vito DiCandito</b>		Director Name <b>Antonio Schiappa</b>			
Street Address <b>18 Grant Avenue</b>		Street Address <b>14 Lavaughn Street</b>			
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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**  
BY \_\_\_\_\_

**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

Date

**6/18/13**