



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. 29257		2. Exact name of the Corporation CIRCOLO MARIA SS DEL CARMINE	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island SOCIAL CLUB	
5. Principal office address 14 GARFIELD AVE		City CRANSTON	State RI
		Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name EULOGIO CLAMOR		Vice-President Name STEVEN W. YUPPA	
Street Address 103 APPLETON STREET		Street Address 52 BURGESS AVENUE	
City CRANSTON	State RI	City E. PROV	State RI
Zip 02920		Zip 02914	
Secretary Name NICHOLAS NARDOLILLO		Treasurer Name THOMAS J. YUPPA	
Street Address 322 UNION AVENUE		Street Address 19 LAKEVIEW DRIVE	
City CRANSTON	State RI	City GREENVILLE	State RI
Zip 02909		Zip 02828	
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 RUSSELL HOWARD		Director Name ROCK PRIOR	
Street Address 50 AETNA ST		Street Address 326 SIMMONSVILLE AVE	
City CRANSTON	State RI	City JOHNSTON	State RI
Zip 02920		Zip 02911	
Director Name STEVEN COLODO		Director Name DEBRA PARDONE	
Street Address 46 BLAINE ST		Street Address 324 UNION AVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		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

SEP 12 2013

Form No. 631
Revised: 05/2012

By MNE

ACH # 2722
PCU # 2723

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

THOMAS J. YUPPA

Print or Type Name of Officer

TREASURER

Title of Officer