



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 795520		2. Exact name of the Corporation THE DOMENIC A. IZZI JR. FOUNDATION FOR YOUNG ASPIRING MUSCIANS			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO INSPIRE YOUNG MUSCIANS THROUGH CHARITABLE DONATIONS BY PROVIDING MUSICAL INSTRUMENTS TO STUDENTS.			
5. Principal office address 40 BRAYTON ROAD			City SMITHFIELD	State RI	Zip 02917
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DOMENIC A. IZZI SR			Vice-President Name		
Street Address 40 BRAYTON ROAD			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name LOANN IZZI-NATALE			Treasurer Name LOIS A. IZZI		
Street Address 48 STIRLING DRIVE			Street Address 40 BRAYTON RD		
City GLOCESTER	State RI	Zip 02857	City SMITHFIELD	State RI	Zip 02917
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 DOMENIC A. IZZI SR			Director Name LOANN IZZI-NATALE		
Street Address 40 BRAYTON ROAD			Street Address 48 STIRLING DRIVE		
City SMITHFIELD	State RI	Zip 02917	City GLOCESTER	State RI	Zip 02857
Director Name LOIS A. IZZI			Director Name		
Street Address 40 BRAYTON ROAD			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND JAMES J. KAPORE ESQ 226 SO MAIN ST. PROV. 02903					
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, duly Authorized Representative, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
MAY 13 2014
141

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.

Domenic A. Izzi 5/10/14
 Signature of Officer or Authorized Representative Date
DOMENIC A. IZZI
 Print or Type Name of Officer or Authorized Representative