



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000029089

2. Name of Corporation Societa Mutuo Soccorso Maria Santissima Della Carita

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 345 ADMIRAL STREET

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CHARITY SOCIETY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RICHARD PITRONE	2 LORI ELLEN DRIVE SMITHFIELD, RI 02917 USA
TREASURER	EDMUND RESTIVO	10 TANGLEWOOD LN. N.PROV., RI 02904 USA
VICE PRESIDENT	ALBERT GRILLI	40 DOUGLAS TERRACE

DIRECTOR	MICHAEL FAVICCHIO	N.PROV., RI 02904 USA 66 HUNTERS RUN N.PROV., RI 02904 USA
DIRECTOR	DAVID REIS	40 CLYM ST. PROV., RI 02908 USA
DIRECTOR	JOHN POLOSKI	156 STAR BRIDGE DR. WARWICK, RI 02886 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

RICHARD PITRONE 345 ADMIRAL STREET PROVIDENCE , RI 02908

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of May, 2014 at 5:09:44 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By RICHARD PITRONE
Signature of Authorized Person

Form No. 631
Revised 09/07

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