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.	2. Exact name of the Corporation
30402	Paul E Trombino Memorial Foundation Inc.
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Owns sporting fields for youth activity

5. Principal office address	City	State	Zip
246 Liberty Rd Exeter RI 02822	Exeter	RI	02827

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Todd Trombino	246 Liberty Rd	Exeter	RI	02827

Vice-President Name	Street Address	City	State	Zip
Stano Trombino	33 Schilke Dr	Westerly	RI	02891

Secretary Name	Street Address	City	State	Zip
Bernadette Trombino	32 Edgewood Ave	Westerly	RI	02891

Treasurer Name	Street Address	City	State	Zip
Todd Trombino	246 Liberty Rd	Exeter	RI	02822

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Stano Trombino	33 Schilke Dr	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Eugene Aiello	17	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Joseph Iacoi	5 Boxwood Ave	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Thomas Gulluscio	30 Urso Drive	Westerly	RI	02891

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, duly Authorized Representative, Receiver or Trustee

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

FILED
MAY 21 2014
842
BY _____

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 or Authorized Representative — Date: May 19, 2014

Todd Trombino - President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014