



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. 68400		2. Exact name of the Corporation FESTA ITALIANA SOCIETY INCORPORATED			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island DINNER DANCE TO RAISE MONEY FOR THE CANCER SOCIETY AND THE MS SOCIETY			
5. Principal office address 187 PROGRESS AVE		City PROVIDENCE		State RI	Zip 02909
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name BRUNO CARPENTIERI		Vice-President Name TERESA PARRAVANO			
Street Address 50 ALCANT ST		Street Address 187 PROGRESS AVE			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name FLORINA UCCI		Treasurer Name TERESA PARRAVANO			
Street Address 66 ELLISON ST		Street Address 187 PROGRESS AVE			
City CRANSTON	State RI	Zip 02920	City PROVIDENCE	State RI	Zip 02909
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name NANCY GUERTIBN		Director Name MARIA MARTIN			
Street Address 90 WESTFIELD DR		Street Address 97 GLENDALE DR			
City CRANSTON	State RI	Zip 02920	City WEST WARWICK	State RI	Zip 02893
Director Name FLORINA UCCI		Director Name			
Street Address 66 ELLISION ST		Street Address			
City CRANSTON	State RI	Zip 02920	City	State	Zip
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 _____

FILED

Check No _____

By: _____

JUN 02 2014

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BY 1124

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.

Teresa Parravano 5-27-14
Signature of Officer or Authorized Representative Date

TERESA PARRAVANO VICE PRESIDENT

Print or Type Name of Officer or Authorized Representative