



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 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. 81389		2. Exact name of the Corporation DECIANTIS FAMILY CORPORATION			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote and further the general welfare and interests of the DeCiantis family, decedents of Francesco and Emelia DeCiantis			
5. Principal office address 73 Quaker Lane		City West Warwick		State RI	Zip 02893
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Stephan C. Arthur		Vice-President Name Frank C. DeCiantis			
Street Address 205 Trinity Street		Street Address 27 W. Broad Street			
City West Warwick	State RI	Zip 02886	City Pawcatuck	State CT	Zip 06279
Secretary Name David P. Collette		Treasurer Name Michele A. DeCiantis			
Street Address 98 Sunny Cove Drive		Street Address 77 Quaker Lane			
City Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Michele A. DeCiantis		Director Name Frank C. DeCiantis			
Street Address 77 Quaker Lane		Street Address 27 W. Broad Street			
City West Warwick	State RI	Zip 02893	City Pawcatuck	State CT	Zip 06279
Director Name Stephan C. Arthur		Director Name			
Street Address 205 Trinity Street		Street Address			
City West Warwick	State RI	Zip 02886	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, Receiver or Trustee

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 03 2014

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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.

Michele A. DeCiantis 5/15/14
Signature of Officer Date

Michele A. DeCiantis

Print or Type Name of Officer

Treasurer

Title of Officer