



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					
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					
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

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

File Date _____
 Check No. _____
 By _____
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