

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. 401.222.3040

* In accordance with R.I.G.L. penalty fee of \$25.00.	7-6-94, each corporation	n 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
1. Corporate ID No.	2. Name of Corporation				
3. State of Incorporation	THORNTON COLISMBIAN BUILDING ASSOCIATION 4 Corporate guidress in Rhode Island - Street Address				
D. T	Consorate nadress in	Rhode Island - Street Addr. LENTINI	ense -	City	Zip
3. State of Incorporation i. Consonate address in Rhode Island - Street Addr ETER LENTINI 5. Foreign corporation. Enter principal office address			NFIELD ST	JOHNSTON	02919
				State	Zip
7. NAMES AND ADDRESSE President Name	ANCE TO SCA S OF THE OFFICER	HABRINI COUN	Island CIL KNIGHTS OF COL CHMENT) FILL IN SPACES Vice President Name		
Street Address			Street Address		
	IELD ST.		106 EAGI	P. RD	
JOHNSTON	State PT	21p	City	State	Zip
Secretary Name		02717	Treasurer Name	<u>K2</u>	02920
JOHN /	RICCI		PETER	BROY	
STREET ALD RD			Street Address		
OHUSTON	State R I	02919	CHY	State PT	Zψ
8. NAMES AND ADDRESSES	OF THE DIRECTOR	RS: ("X" BOX FOR ATTA	CHMENT) TILL IN SPACES	BEFORE USING ATTACH	02920
THE NUMBER OF DIRECTO	ORS OF A DOMESTI	C (RHODE ISLAND)	CORPORATION SHALL NOT	BE LESS THAN THREE	(3). R.L.G.L. 7.6.23
Director Name			Director Name		(0):, 7 23
Street Address	DILORENZ	<u>20 </u>	JAVL FO	PLINGIERI	
53 HIGH	LAND AUB	,	Street Address		
City	State	Zip	City	SON ST	Zip
JOHNSTON	RI	02919	JOHNSTON	RI	02919
Director Name SALVATOR	E CASTI	9101	Director Name		
Street Address 93 PECIS	HILL RD		Street Address		· · · · · · · · · · · · · · · · · · ·
O HUSTON 9. REGISTERED AGENT IN R	Siale RI HODE ISLAND	02919	City	State	Zip
This information is currently of	record in the Office	of the Secretary of State	e. Changes require filing of For	m 641 - R.I.G.L. 7-6-13/7-6	5-78
			ident, Secretary, Assistant Sec		
	• •	FILED	ndoni, occidenty, Assistant Sec	retary, treasurer, Receive	r or trustee
		JUN 18 2014			
		1251			
	Đy		Under penalty of perju-	ry, I declare and affirm that companying schedules and st	I have examined this
File Date			statements contained he	rein are thue and correct.	accinents, and that all
File Date			Signature of Officer	XLKTION	6/16/14
Check No.			Organise by Officer	Leven	(Date
Ву:			Print or Type Name of Of	LENTIN!	
FOR SECRETARY OF STAT	E USE ONLY			RESIDENT	
			Title of Officer		