

6/17/2014
CR 4319



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. 28054		2. Exact name of the Corporation Loggia Luce Moderna No. 1112 Ordine Figli D'Italian America			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Fraternal Organization			
5. Principal office address 99 Hicks Street			City East Providence	State RI	Zip 02914
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edward A. Fonseca			Vice-President Name Michael Mangione		
Street Address 4 Garfield Terrace			Street Address 28 North Lake Drive		
City West Warwick	State RI	Zip 02893	City Barrington	State RI	Zip 02806
Secretary Name Ralph T. Della Rosa			Treasurer Name Michael Ursillo		
Street Address 60 Don Avenue			Street Address 39 Tiger Lily Trail		
City Rumford	State RI	Zip 02916	City Rehoboth	State MA	Zip 02769
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David J. Lanni			Director Name Francis X. Squittierra		
Street Address 23 Larchwood Drive			Street Address 5 Plum Road		
City Rumford	State RI	Zip 02916	City Riverside	State RI	Zip 02915
Director Name Vito DiCandito			Director Name		
Street Address 18 Grant Avenue			Street Address		
City Coventry	State RI	Zip 02816	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

FILED

JUN 23 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.

Edward Fonseca
Signature of Officer or Authorized Representative

6-17-14
Date

Edward A. Fonseca, President
Print or Type Name of Officer or Authorized Representative

File Date _____
Check No _____
By: _____
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