RI SOS Filing Number: 201442151750 Date: 06/30/2014 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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*

** In accordance with R.I.G.L. 7-6-94, each corporation 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 penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
267984	Mayor Charles Lombardi Holiday, Charitable & Scholarship Fund		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	17 Twins Lane	No. Prov.	02904
5. Foreign corporation. Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island: Acquire funds to distribute for holiday, charitable, and scholarship events and agencies.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Charles A. Lombardi	30 Cypress Trail	N. Prov	RI	02904

Vice President Name	Street Address	City	State	Zip
Carol Lombardi	30 Cypress Trail	N. Prov.	RI	02904

Secretary Name	Street Address	City	State	Zip
Rosemary Andreozzi	17 Twins Lane	N. Prov.	RI	02904

Treasurer Name	Street Address	City	State	Zip
Joseph D. Andreozzi	17 Twins Lane	N. Prov.	RI	02904

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Street Address	City	State	Zip
Charles A. Lombardi	30 Cypress Tr.	N. Prov	RI	02904

Director Name	Street Address	City	State	Zip
Carol Lombardi	30 Cypress Tr	N. Prov.	RI	02904

Director Name	Street Address	City	State	Zip
Rosemary Andreozzi	19 Twins Ln.	N. Prov	RI	02904

Director Name	Street Address	City	State	Zip
Joseph D. Andreozzi	17 Twins Ln.	N. Prov.	RI	02904

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address	City	Zip

2014 JUN 30 PM 4:00 RECEIVED

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
JUN 30 2014
By 267984
A.A

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

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.

Signature of Officer — *Date* 6-25-14

Joseph D. Andreozzi
Print or Type Name of Officer

Treasurer
Title of Officer

Form 631 Rev. 12/06

108811-2-978072