



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. 29257		2. Exact name of the Corporation CIRCOLO MARIA SS DEL CARME			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island SOCIAL CLUB			
5. Principal office address 14 GARFIELD AVE		City CRANSTON	State RI	Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). (X" BOX FOR ATTACHMENT)					
President Name EULOGIO CLAMOR		Vice-President Name STEVEN W. YUPPA			
Street Address 103 APPLETON ST		Street Address 52 BULGESS AVE			
City CRANSTON	State RI	Zip 02920	City E. PROV	State RI	Zip 02914
Secretary Name NICHOLAS NARDOLILLO		Treasurer Name THOMAS J. YUPPA			
Street Address 322 UNION AVE		Street Address 53 COLUMBUS AVE #102			
City CRANSTON	State RI	Zip 02909	City N. PROV	State RI	Zip 02911
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X" BOX FOR ATTACHMENT)					
Director Name RUSSELL HOWARD		Director Name DEBRA PARDONE			
Street Address 50 AETNA ST		Street Address 324 UNION AVE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02909
Director Name STEVEN COLODO		Director Name ROCK PRIOR			
Street Address 46 BLAINE ST		Street Address 326 SIMMONSVILLE AVE			
City CRANSTON	State RI	Zip 02920	City JOHNSTON	State RI	Zip 02911
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

File Date _____
 Check No _____
 By: _____

FILED

JUL 02 2014

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 or Authorized Representative

Date

6/30/14

THOMAS J. YUPPA

Print or Type Name of Officer or Authorized Representative