

**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

CORPORATIONS DIV

2014 JUL 10 AM 11:17

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. 28059	2. Exact name of the Corporation Loggia Roma #271, Order of the Sons of Italy in America		
3. State of Incorporation Rhode Island	4. Brief description of the character of business conducted in Rhode Island Our mission is to recognize and help worthy individuals and health organizations who contribute to the Italian Language and to its principles. We give scholarships		
5. Principal office address 7 Pommerville Street		City and dormation Pawtucket	State RI
		Zip 02861	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Muriel G. Heroux		Vice-President Name Dianne Arruda	
Street Address 7 Pommerville street		Street Address 112 Brown Ave	
City Pawtucket	State RI	Zip 02861	
Secretary Name Barbara Bourgerly		Treasurer Name Lorraine Elderkin	
Street Address 13 Bushy Street		Street Address 15 Bassett Street	
City Pawtucket	State RI	Zip 02860	
		City Pawtucket	State RI
		Zip 02861	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name Anita Bandieri		Director Name Daniel Bandieri	
Street Address 46 Sterling St		Street Address 85 Kennedy Circle	
City Pawtucket	State RI	Zip 02860	
Director Name Nancy McAllister		Director Name Lisa A. Heroux	
Street Address 23 Terrace Ave		Street Address 7 Pommerville St	
City Providence	State RI	Zip 02909	
		City Pawtucket	State RI
		Zip 02861	
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

File Date _____

JUL 10 2014

Check No _____

By: _____

BY 221896

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.

Muriel G. Heroux 7-9-14
Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Muriel G. Heroux, President
Print or Type Name of Officer or Authorized Representative