



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. 28168		2. Exact name of the Corporation MADONNA DEL ROSARIO SOCIETY			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island FRATERNAL ORGANIZATION			
5. Principal office address 17 ROSARIO DRIVE			City PROVIDENCE	State RI	Zip 02909
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PHILIP A. ALMAGNO			Vice-President Name DONALD DEFRTA		
Street Address 289 POCASSET AVENUE			Street Address 31 LUCILE STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name JOHN CAMPANINI, JR.			Treasurer Name FRANK CICCONE		
Street Address 201 SISSON STREET			Street Address 54 MERCY STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
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 PHILIP A. ALMAGNO			Director Name RUSSEL DIMEO		
Street Address 289 POCASSET AVENUE			Street Address 20 ANGELO AVENUE		
City PROVIDENCE	State RI	Zip 02909	City N. PROVIDENCE	State RI	Zip 02904
Director Name JOHN ALMAGNO			Director Name		
Street Address 3 MIDWESTERN CIRCLE			Street Address		
City JOHNSTON	State RI	Zip 02919	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.					

2014 JUL 29 9:34 AM
 SECRETARY OF STATE
 CORPORATIONS DIV

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: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 JUL 29 2014
 229360

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] TREASURER
 Signature of Officer or Authorized Representative Date **7/24/14**
PHILIP A. ALMAGNO **FRANK CICCONE**
 Print or Type Name of Officer or Authorized Representative