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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.	2. Exact name of the Corporation
#27006	ITalo-American Citizens Club of Warren RI
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Members Club

5. Principal office address	City	State	Zip
3 Kelly St	Warren	RI	02885

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Scott Delesandro	Gary Chandler
Street Address: 15 Driscoll RI	Street Address: 39 Sunset Dr
City: Barrington / State: RI / Zip: 02860	City: Barrington / State: RI / Zip: 02806
Secretary Name	**Treasurer Name**
Don Rodrigs	Kenny Kinny
Street Address: 130 Grove St	Street Address: 13 Liberty St
City: Warren / State: RI / Zip: 02885	City: Warren / State: RI / Zip: 02885

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Bob McGrill	Jimy Patterson
Street Address: 135 Lantern Knight RI	Street Address: 512 Child St
City: Cranston / State: RI / Zip: 02921	City: Waren / State: RI / Zip: 02885
Director Name	**Director Name**
Romeo Samson	Freddy Mello
Street Address: 46 Turller Ave	Street Address: 92 Main ST
City: Riverside / State: RI / Zip: 02915	City: Warren / State: RI / Zip: 02885

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

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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.

Signature of Officer or Authorized Representative — Date: 9/24/14

Gary Chandler
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
111318-1-982144