



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 2015

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. 29142		2. Exact name of the Corporation SOCIETA' MUTUA SOCCORSO MARIA SANTISSIMA DEL BOSCO' PANNI (PANNESSE SOCIETY)	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CULTUREL - MERITAGE , FUNCTIONS ON PANNI CHARITY FUNCTIONS , RELIGIOUS EVENTS SOCIAL ACTIVITIES	
5. Principal office address 155 WEBSTER AVE		City PROVIDENCE	State RI
		Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name JOSEPH SPREMULLI		Vice-President Name LOUIS SPREMULLI	
Street Address 2 CAPRI DR		Street Address 21 DEERTIELD RI	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Secretary Name LORI GESUALDI		Treasurer Name JOSEPH GESUALDI	
Street Address 5 VALLEY VIEW DRIVE		Street Address 5 VALLEY VIEW DR	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
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 JOSEPH SPREMULLI		Director Name DONALD DeLUCA	
Street Address 2 CAPRI DR		Street Address 41 PORTSIDE DR	
City JOHNSTON	State RI	City POCASSET	State RI
Zip 02919		Zip 02559	
Director Name STEPHEN RUZZO		Director Name RALPH RAINONE	
Street Address 37 PARK FORREST RI		Street Address 4 MATTHEW DR	
City CRANSTON	State RI	City JOHNSTON	State RI
Zip 02920		Zip 02919	
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: _____
 FOR SECRETARY OF STATE USE ONLY
 By: 248177

FILED
 MAY 04 2015
 248177
 KM

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.

Joseph Spremulli 5/4/2015
 Signature of Officer or Authorized Representative Date
JOSEPH SPREMULLI
 Print or Type Name of Officer or Authorized Representative