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.	2. Exact name of the Corporation
29142	SOCIETA MUTUO SOCCORSO MARIA SANTISSIMA DEL BOSCO DI PANNI (PANNESE SOCIETY)
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	CULTURAL - HERITAGE, FUNCTIONS ON PANNI CHARITY FUNCTIONS RELIGIOUS EVENTS SOCIAL ACTIVITIES

5. Principal office address	City	State	Zip
155 WEBSTER AVE	PROVIDENCE	RI	02909

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

President Name	Street Address	City	State	Zip
JOSEPH SPREMULLI	2 CAPRI DR	JOHNSTON	RI	02919

Vice-President Name	Street Address	City	State	Zip
LOUIS SPREMULLI	21 DEERFIELD RD	JOHNSTON	RI	02919

Secretary Name	Street Address	City	State	Zip
LORI GESUALDI	5 VALLEY VIEW DRIVE	JOHNSTON	RI	02919

Treasurer Name	Street Address	City	State	Zip
JOSEPH GESUALDI	5 VALLEY VIEW DR	JOHNSTON	RI	02919

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

Director Name	Street Address	City	State	Zip
JOSEPH SPREMULLI	2 CAPRI DR	JOHNSTON	RI	02919

Director Name	Street Address	City	State	Zip
DONALD DELUCA	47 PORTSIDE DR	POCASSET	RI	02559

Director Name	Street Address	City	State	Zip
STEPHEN RUZZO	37 PARK FORREST RD	CRANSTON	RI	02920

Director Name	Street Address	City	State	Zip
RALPH RAINONE	4 MATTHEW DR	JOHNSTON	RI	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

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MAY 04 2015
By 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

Form No. 631
Revised: 04/2014