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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 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
81785	ST. MARYS FEAST RECREATION SOCIETY

3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR THE USE OF ITS MEMBERSHIP IN CONDUCTING SOCIAL ACTIVITIES AND PERFORMING ACTS OF CHARITY AND OPERATES A PRIVATE LIQUOR CLUB LICENSE

5. Principal office address	City	State	Zip
15 PHENIX AVE	CRANSTON	RI	02920

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

President Name	Vice-President Name
RICHARD A. PETRELLI, SR.	MATHEW VOLPI
Street Address: 79 HAZELTON STREET	Street Address: 80 BRIGGS ST.
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920
Secretary Name	**Treasurer Name**
CHRISTOPHER E. RUGNANO	FRANK J. MANZI
Street Address: 573 LAUREL HILL AVE	Street Address: 196 BATEMAN AVE.
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920

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
MICHAEL CERULLO	THOMAS A. DESIO
Street Address: 59 BALDWIN ORCHARD DRIVE	Street Address: 76 CONNECTICUT ST.
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920
Director Name	**Director Name**
JOSEPH MACERA, JR	ELWINS RUGGIERI
Street Address: 86 PHEASANT DRIVE	Street Address: 14 MASSACHUSETTS ST.
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920

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
MAY 18 2015
BY 1698

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Frank J. Manzi — 5/14/15
Signature of Officer or Authorized Representative — Date

FRANK J. MANZI
Print or Type Name of Officer or Authorized Representative

Form No. 631
120985-20-1034517