



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000538790

2. Name of Corporation The Hometown Foundation, Inc.

3. State of Incorporation

State: CT

4. Corporate Address in Rhode Island

No. and Street: C/O CT CORPORATION SYSTEM
450 VETERANS MEMORIAL PARKWAY,
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SERVE AS A CATALYST FOR, AND TO ORGANIZE AND FINALLY SUPPORT VARIOUS COMMUNITY-BASED CHARITABLE ACTIVITIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL BOZZUTO	15 RIDGECREST LA AVON, CT 06001 USA
TREASURER	BERT CONDREN	275 SCHOOLHOUSE RD. CHESHIRE, CT 06410 USA
SECRETARY	JULIANA ESPOSITO	14 HOMESTEAD PLACE

		CHESHIRE, CT 06410 USA
VICE PRESIDENT	JOSEPH CALVANESE	MULBERRY ST. PLANTSVILLE, CT 06479 USA
DIRECTOR	MICHAEL BOZZUTO	15 RIDGECREST LA. AVON, CT 06001 USA
DIRECTOR	JOSEPH CALVANESE	MULBERRY ST. PLANTSVILLE, CT 06479 USA
DIRECTOR	DANIEL DESANTIS	12 SADIE CIRCLE EASTON, MA 02334 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 21 Day of May, 2015 at 11:58:32 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL BOZZUTO
Signature of Authorized Person

Form No. 631
Revised 09/07

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