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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
29085	Societa' Di Mutuo Soccorso Di S. Antonio Da Padova
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: Social Club

5. Principal office address	City	State	Zip
637 Charles Street	Providence	R.I.	02904

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

President Name	Vice-President Name
Anthony Romeo	Michael Panzarella
Street Address: 20 Devon Street	Street Address: 7 Alfred Drive
City: Providence State: R.I. Zip: 02904	City: No. Providence State: R.I. Zip: 02911
Secretary Name	**Treasurer Name**
Paul Micrognis	Gosino P. Finocchi
Street Address: 247 Oakdale Ave.	Street Address: 12 Windy Circle
City: Pawtucket State: R.I. Zip: 02860	City: Johnston State: R.I. Zip: 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	Director Name
John Mancini	Domenic Di Sandro
Street Address: 110 Field Drive	Street Address: 34 Volpino Street
City: No. Smithfield State: R.I. Zip: 02896	City: No. Providence State: R.I. Zip: 02904
Director Name	**Director Name**
Robert Ferraro	Peter Scalo
Street Address: 20 Meadow View Blvd	Street Address: 34 Lake Drive
City: No. Providence State: R.I. Zip: 02904	City: No. Providence State: R.I. Zip: 02904

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

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JUN 04 2015

BY 1900

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: 6/4/2015

Gosino P. Finocchi
Print or Type Name of Officer or Authorized Representative

Treasurer
Title

Form No. 631
Revised: 04/2014

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