



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. <u>66162</u>		2. Exact name of the Corporation <u>TERAMANO SOCIAL CLUB</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Promote Brotherhood + Good Will + Charity</u>	
5. Principal office address <u>293 AMHERST ST</u>		City <u>PROV</u>	State <u>RI</u>
		Zip <u>02909</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>ANTHONY L PIERANUNZI</u>		Vice-President Name <u>ROBERT PIERANUNZI</u>	
Street Address <u>56 FAIRMOUNT AVE</u>		Street Address <u>54 FAIRMOUNT AVE</u>	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	
Secretary Name <u>MICHAEL FRENZE</u>		Treasurer Name <u>AURELIO QUAGLIARI</u>	
Street Address <u>31 MT PLEasant AVE</u>		Street Address <u>25 STEERE DR</u>	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	
		City <u>JOHNSTON</u>	State <u>RI</u>
		Zip <u>02919</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>RICHARD KAUFFMAN</u>		Director Name <u>THOMAS ARMSTRONG</u>	
Street Address <u>PO Box 246 GLENDALE</u>		Street Address <u>260 SUMNER AVE</u>	
City <u>GLENDALE</u>	State <u>RI</u>	Zip <u>02826</u>	
Director Name <u>FRANK CHICARELLA</u>		Director Name <u>KEVIN TIERNEY</u>	
Street Address <u>18 Hill ST</u>		Street Address <u>50 Rock AVE</u>	
City <u>NO PROV</u>	State <u>RI</u>	Zip <u>02904</u>	
		City <u>WARWICK</u>	State <u>RI</u>
		Zip <u>02889</u>	
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: _____

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FILED

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BY 4113

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

ANTHONY L PIERANUNZI PRESIDENT
Print or Type Name of Officer or Authorized Representative