



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015
 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
 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
 a penalty fee of \$25.00.

1. Corporate ID No. 27398	2. Name of Corporation KELLEY-GAZZERRO SENIOR CITIZENS CLUB		
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address 1418 PLAINFIELD PIKE	City CRANSTON	Zip 02920
Foreign corporation. Enter principal office address		City	Zip

Brief Description of the character of the affairs which are actually conducted in Rhode Island
 NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name MARGARET DE RAIMO		Vice President Name SALLY HICKS	
Street Address 83 MADISON AVENUE		Street Address 450 OLD PLAINFIELD PIKE	
City CRANSTON	State R.I.	City FOSTER	State R.I.
Zip 02920		Zip 02920	
Secretary Name DOLORES DIMEGLIO		Treasurer Name MARGARET DE RAIMO	
Street Address 2 NEEDHAM ST.		Street Address 83 MADISON AVE.	
City JOHNSTON	State R.I.	City CRANSTON	State R.I.
Zip 02919		Zip 02920	

NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
 THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name LOUISE SIMONELLI		Director Name ANNA CALABRO	
Street Address 41 EDDY STREET		Street Address 131 PLEASANT VIEW	
City CRANSTON	State R.I.	City SMITHFIELD	State R.I.
Zip 02920		Zip 02917	
Director Name DOROTHY BIANCHI		Director Name	
Street Address 4 WHITTLESEY RD.		Street Address	
City JOHNSTON	State R.I.	City	State
Zip 02919		Zip	

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

Agent Name MARGARET DE RAIMO	Address
City CRANSTON	Zip 02920

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 25 2015

File Date	BY
	1519
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.

Signature of Officer
MARGARET DE RAIMO
Date
6-22-15

Print or Type Name of Officer
MARGARET DE RAIMO

Title of Officer
PRESIDENT