STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

ON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

ling Period: June 1 - June 30 • Filing Fee: $20.00

)RM MUST BE TYPED OR PRINTED IN BLACK)

Corporate ID No. 64800

2. Name of Corporation PIAVE LODGE #364, ORDER SONS OF ITALY IN AMERICA, PROV. R.I.

State of Incorporation RHODE ISLAND

4. Corporate address in Rhode Island - Street Address c/o 15 Mercy Street, *City* Providence *Zip* 02909

Foreign corporation. Enter principal office address *City* *State* *Zip*

Brief Description of the character of the affairs which are actually conducted in Rhode Island.
TO PROMOTE NATIONAL EDUCATION, PARTICIPATE IN POLITICAL, SOCIAL, CIVIC LIFE AND TO ORGANIZE PATRIOTIC AND HUMANITARIAN EFFORTS.

NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

esident Name Joseph SAURO
reet Address 26 Herbert STREET
ty EAST Greenwich *State* RI *Zip* 02818

Vice President Name Joseph CERULLO
Street Address 45 IRVING AVE
City CRANSTON *State* RI *Zip* 02910

cretary Name SARY DiSARRO
reet Address 1 Gesler STREET
ty Providence *State* RI *Zip* 02909

Treasurer Name Joseph A. COSTANZO
Street Address 12 TRIPOLI STREET
City W WARWICK *State* RI *Zip* 02893

NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN THE 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

irector Name Frank A. Ciccone III
reet Address 15 Mercy STREET
ty Providence *State* RI *Zip* 02909

Director Name Silvio CASALE
Street Address 15 Douglas Terrace
City N. Providence *State* RI *Zip* 02915

irector Name Philip ALMAGNO
reet Address 289 Pocasset Ave.
ity Providence *State* RI *Zip* 02909

Director Name CARL CALICCHIA
Street Address 262 Lowell Ave
City Providence *State* RI *Zip* 02909

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

gent Name FRANK A. CICCONE, III
ddress C/O 15 MERCY STREET
City PROVIDENCE *Zip* 02909

Address *City* *Zip*

*his report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] [redacted]

* 6 4 8 0 0 *

File Date 6-24-03
Check No. 1960
By DE
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 *Date* 6-5-03
Joseph COSTANZO
Print or Type Name of Officer
TREASURER
Title of Officer

[redacted]

Form 631 Rev. 6/02