Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION			
Corporate ID Number DNP-64800			Annual Report for the year 2001
1.	The name of the corporation	is PIAVE LOD	GE #364, ORDER SONS OF ITALY IN AMERICA, PROV. R.I.
2.	<del>-</del>		of which it is incorporated is RHODE ISLAND
3.	The address of the registere	ed office of the co	orporation in this state is <u>C/O 15 MERCY STREET PROVIDENCE, RI</u>
	and the name of its registere	ed agent in this s	state at that address is FRANK A. CICCONE, III
4.	The character of the affairs of NATIONAL EDUCATION OF PATRIOT	which it is actual	ly conducting in Rhode Island, briefly stated, is To PROMOTE  PATE IN PACIFICACY SOCIACY CIVIL CITE AND TO  HUMAN ITARIAN EFFORTS
5	If a foreign corporation, the	address of its pri	ncipal office in the state or other jurisdiction under the laws of which it is
6	incorporated is	Island C/o	15 MERLY STREET Providence, R.F.
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7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)			
	NAME	OFFICE	ADDRESS
F	RANK A Ciccose 111	Director	15 Mercy ST. Prov RI 02909
F	Kilip Almaeno	- _Director	289 POCASSET AUR Prov RI 02904
<u></u>	Luio CASALR	_Director	15 Douslas Terrace, N. Prov. R. F. 01904
PA	squale Zompa	_President	15 Dux oury St. Prov RI Gagag
1	Seph SAuro	_Vice-President	· · · · · · · · · · · · · · · · · · ·
-	ry Disarro	Secretary	DY CENTRAL AVE Johnston, Rt 03919
10	oseph CosTANIO	_Treasurer	12 TRIPOLIST. W. WARNICK ET ODE
Da	ted: 6/24/2001		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.
			Piave Lodge "344 O.S. I. A. Providence, EI  Exact Name of Corporation
	* 6 4 8 0 0 *		
1	FOR SECRETARY OF STATE USE OF	-0/	By Carry
File :	Date:	_	Title TREASURER (Report must be signed by an officer)
Chec	ck No.: 1840	_	
	- Zi		Form No. 631 Revised 5/98