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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
68400	FESTA ITALIANA SOCIETY INCORPORATED		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	187 PROGRESS AVE	PROV RI	02909
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
DINNER-DANCE TO RAISE FUNDS TO HELP THE CANCER SOCIETY AND THE M.S. SOCIETY

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

President Name	Vice President Name
BRUNO CARPENTIERI	TERESA PARRAVANO
Street Address: 32 ALICANTE ST.	Street Address: 187 PROGRESS AVE.
City: PROVIDENCE State: R.I. Zip: 02908	City: PROVIDENCE State: R.I. Zip: 02909
Secretary Name	**Treasurer Name**
FLORINA UCCI	TERESA PARRAVANO
Street Address: 66 ELLISON ST.	Street Address: 187 PROGRESS AVE.
City: CRANSTON State: R.I. Zip: 02920	City: PROVIDENCE State: R.I. Zip: 02909

8. 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	Director Name
VIRGILIO DeVECCHIS	MARIAN CAMPELLONE MARTIN
Street Address: 183 VERNDALE AVE.	Street Address: 97 GLENDALE DR.
City: PROVIDENCE State: R.I. Zip: 02905	City: W. WARWICK State: R.I. Zip: 02893
Director Name: GIULIO UCCI	Director Name
Street Address: 66 ELLISON ST.	Street Address
City: CRANSTON State: R.I. Zip: 02920	City State Zip

9. 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	Address	
TERESA PARRAVANO		
Address	City	Zip
187 PROGRESS AVENUE	PROVIDENCE	02909

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

68400

File Date 7-6-05
Check No. 0713
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.

Teresa Parravano 6-11-05
Signature of Officer *Date*

TERESA PARRAVANO
Print or Type Name of Officer

Vice President
Title of Officer

Form 631 Rev. 04/04