



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
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Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
000064800		PIAVE LODGE #364 ORDER SONS OF ITALY IN AMERICA PROV. R.I.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		TO PROMOTE NATIONAL EDUCATION, PARTICIPATE IN POLITICAL, SOCIAL, CIVIC LIFE, AND PATRIOTIC EFFORTS			
5. Principal Office Address		City	State	Zip	
15 Mercy Street		Providence	RI	02909	
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>			
President Name		Vice-President Name			
GARY DiSARRO		DEBORAH ANGELO			
Street Address		Street Address			
9 Gesler Street		26 Forestwood Drive			
City	State	Zip	City	State	Zip
Providence	RI	02909	Smithfield	RI	02917
Secretary Name		Treasurer Name			
SALVATORE IANIERO		Joseph Costanzo			
Street Address		Street Address			
81 MONTICELLO STREET		12 TRIPOLI STREET			
City	State	Zip	City	State	Zip
Providence	RI	02904	West Warwick	RI	02893
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name			
Philip ALMAGNO		PASQUALE FEULA			
Street Address		Street Address			
289 POCASSET AVENUE		6 STARLING DRIVE			
City	State	Zip	City	State	Zip
Providence	RI	02909	CRANSTON	RI	02920
Director Name		Director Name			
FRANK A CICCONE III		EARL DOTTOR			
Street Address		Street Address			
15 Mercy Street		19 VERSAILLES STREET			
City	State	Zip	City	State	Zip
Providence	RI	02909	CRANSTON	RI	02920
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Joseph Costanzo TREASURER				5/4/16	
Signature of Officer/Authorized Representative					

FILED
MAY 09 2016
BY 4176
A.A.