



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

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

1. Entity ID No. 81785		2. Exact name of the Corporation ST. MARY'S FEAST RECREATION SOCIETY			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR THE USE OF ITS MEMBERSHIP IN CONDUCTING SOCIAL ACTIVITIES AND PERFORMING ACTS OF CHARITY AND OPERATES A PRIVATE LIQUOR CLUB LICENSE			
5. Principal office address 15 PHENIX AVE		City CRAUSTON		State RI	Zip 02920
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RICHARD A. PETRELLA, SR			Vice-President Name MATHEW VOLPI		
Street Address 79 HAZELTON STREET			Street Address 80 BRIGGS STREET		
City CRAUSTON	State RI	Zip 02920	City CRAUSTON	State RI	Zip 02920
Secretary Name CHRISTOPHER E. BUONNANO			Treasurer Name FRANK J. MANZI		
Street Address 573 LAUREL HILL AVE			Street Address 196 BATEMAN AVE		
City CRAUSTON	State RI	Zip 02920	City CRAUSTON	State RI	Zip 02920
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RICHARD CAMPOLANO			Director Name EDWARD RUGGIERI		
Street Address 1640 PIPPIN ORCHARD ROAD			Street Address 14 MASSACHUSETTS STREET		
City CRAUSTON	State RI	Zip 02920	City CRAUSTON	State RI	Zip 02920
Director Name MICHAEL CERULLO			Director Name JOSEPH E. MACERA, JR		
Street Address 59 BALDWIN ORCHARD DRIVE			Street Address 86 PHEASANT DRIVE		
City CRAUSTON	State RI	Zip 02920	City CRAUSTON	State RI	Zip 02920
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 MAY 25 2016

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.

Frank J. Manzi 05/23/16
 Signature of Officer or Authorized Representative Date

FRANK J. MANZI
 Print or Type Name of Officer or Authorized Representative

BY 0274 DS