

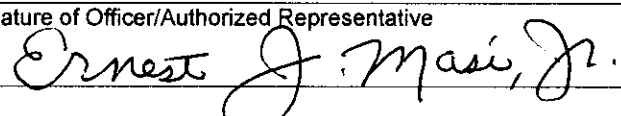
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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

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

1. Entity ID Number 163611		2. Exact name of the Corporation SAN BERNARDO SOCIETY, LTD.	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island TO PROMOTE FRATERNALISM AND COMRADERY AMONG THE MEMBERS AND THEIR FAMILIES	
5. Principal Office Address 15 PHENIX AVENUE, LOWER LEVEL		City CRANSTON	State R.I.
		Zip 02920	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ANTHONY CAPRIO		Vice-President Name STEVEN MANCINO	
Street Address 2 DEXTER STREET		Street Address 10 VALLEY VIEW DRIVE	
City JOHNSTON	State R.I.	City JOHNSTON	State R.I.
Zip 02919		Zip 02919	
Secretary Name GREGORY J. MARROCCO		Treasurer Name ERNEST J. MASI, JR.	
Street Address 273 OLNEY ARNOLD ROAD		Street Address 51 WEST RIVER PARKWAY	
City CRANSTON	State R.I.	City NORTH PROVIDENCE	State R.I.
Zip 02921		Zip 02904	
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 ANTHONY CAPRIO		Director Name PETER DESIMONE	
Street Address 32 BISHOP HILL ROAD		Street Address 9 GIOVANNI COURT	
City JOHNSTON	State R.I.	City COVENTRY	State R.I.
Zip 02919		Zip 02816	
Director Name EDWARD DISIMONE		Director Name LOUIS FEDERICI	
Street Address 25 TEAKWOOD DRIVE		Street Address 129 COTTAGE AVENUE	
City JOHNSTON	State R.I.	City NORTH PROVIDENCE	State R.I.
Zip 02919		Zip 02911	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative ERNEST J. MASI, JR. TREASURER			Date 5-23-16
Signature of Officer/Authorized Representative 			

FILED

MAY 25 2016

BY 1013 DS