

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

FILED

MAY 25 2016

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