



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. 000074033		2. Exact name of the Corporation TINA MARIE LUCIANO MEMORIAL TRUST FUND			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Give college scholarships annually to female graduating seniors on the soccer team of South Kingstown High School			
5. Principal office address 200 Little Pond Road		City Wakefield	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Carol M. Luciano		Vice-President Name Todd J. Luciano			
Street Address 200 Little Pond Road		Street Address 179 Shadboat Lane			
City Wakefield	State RI	Zip 02879	City Clayton	State NC	Zip 27529
Secretary Name Todd J. Luciano		Treasurer Name Carol M. Luciano			
Street Address 179 Shadboat Lane		Street Address 200 Little Pond Road			
City Clayton	State NC	Zip 27529	City Wakefield	State RI	Zip 02879
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 Carol M. Luciano		Director Name Todd J. Luciano			
Street Address 200 Little Pond Road		Street Address 179 Shadboat Lane			
City Wakefield	State RI	Zip 02879	City Clayton	State NC	Zip 27529
Director Name Alessandrina Cocuzzo		Director Name			
Street Address 7 Samuel Rodman Street		Street Address			
City Wakefield	State RI	Zip 02879	City	State	Zip
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

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.

Carol M. Luciano 5/26/16
Signature of Officer or Authorized Representative Date

Carol M. Luciano

Print or Type Name of Officer or Authorized Representative

FILED
MAY 26 2016
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BY