



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. 81389		2. Exact name of the Corporation DECANTIS FAMILY CORPORATION			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote and further the general welfare and interests of the DeCiantis family, decedents of Francesco and Emelia DeCiantis			
5. Principal office address 73 Quaker Lane		City West Warwick		State RI	Zip 02893
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Karen Vessella		Vice-President Name Frank C. DeCiantis			
Street Address 845 Laten Knight Road		Street Address 2855 Gayneo Drive			
City Cranston	State RI	Zip 02920	City Powhatan	State VA	Zip 23139
Secretary Name David P. Collette		Treasurer Name Michele A. DeCiantis			
Street Address 52 Woodmist Circle		Street Address 77 Quaker Lane			
City Coventry	State RI	Zip 02816	City West Warwick	State RI	Zip 02893
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 Michele A. DeCiantis		Director Name Frank C. DeCiantis			
Street Address 77 Quaker Lane		Street Address 2855 Gayneo Drive			
City West Warwick	State RI	Zip 02893	City Powhatan	State VA	Zip 23139
Director Name Stephan C. Arthur		Director Name			
Street Address 205 Trinity Street		Street Address			
City West Warwick	State RI	Zip 02886	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.

FILED

JUN 06 2016

Signature of Officer or Authorized Representative

Date

David P. Collette, Secretary

Print or Type Name of Officer or Authorized Representative