



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 267984		2. Name of Corporation MAYOR CHARLES LOMBARDI HONORARY CHARITABLE & SCHOLARSHIP FUND	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 17 TWINS LANE	
City N. PROV.		Zip 02904	
5. Foreign corporation. Enter principal office address N/A		City N. PROV.	
State RI		Zip 02904	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island FUND DONATES MONEY TO: CHARITIES, SCHOLARSHIPS, NON-PROFIT SOCIAL AGENCIES, ETC.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name CHARLES LOMBARDI		Vice President Name CAROL LOMBARDI	
Street Address 30 C NIPMUC TR.		Street Address 30 C NIPMUC TR.	
City N. PROV.	State RI	City N. PROV.	State RI
Zip 02904		Zip 02904	
Secretary Name ROSEMARY ANDREOZZI		Treasurer Name JOSEPH D. ANDREOZZI	
Street Address 17 TWINS LN.		Street Address 17 TWINS LN.	
City N. PROV.	State RI	City N. PROV.	State RI
Zip 02904		Zip 02904	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name CHARLES LOMBARDI		Director Name CAROL LOMBARDI	
Street Address 30 C NIPMUC TR.		Street Address 30 C NIPMUC TR.	
City N. PROV.	State RI	City N. PROV.	State RI
Zip 02904		Zip 02904	
Director Name ROSEMARY ANDREOZZI		Director Name JOSEPH P. ANDREOZZI	
Street Address 17 TWINS LN.		Street Address 17 TWINS LN.	
City N. PROV.	State RI	City N. PROV.	State RI
Zip 02904		Zip 02904	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name JOSEPH D. ANDREOZZI		Address 17 TWINS LN.	
City N. PROV.		Zip 02904	

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

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

JUN 20 2016

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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.

JOSEPH D. ANDREOZZI 6/13/16
Signature of Officer Date
JOSEPH D. ANDREOZZI
Print or Type Name of Officer
TREASURER
Title of Officer

Form 631 Rev. 12/06