RI SOS Filing Number: 201601254920 Date: 07/01/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUL 01 2016

BY 3008

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
28059	Loggia Roma #271 Order of the Sons of Italy in America
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Our mission is to recognize and help worthy individuals and organizations who contribute to the Italian Language and Culture and Principles. We give scholarships and donations

5. Principal Office Address	City	State	Zip
7 Pommenville Street	Pawtucket	RI	02861

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
Muriel G. Heroux	Dianne Arruda
Street Address: 7 Pommenville St.	Street Address: 112 Brown Ave
City: Pawtucket State: RI Zip: 02861	City: Seekonk State: MA Zip: 02771
Secretary Name	**Treasurer Name**
Barbara Bourgery	Lorraine Elderkin
Street Address: 13 Busby Street	Street Address: 15 Bassett Street
City: Pawtucket State: RI Zip: 02860	City: Pawtucket State: RI Zip: 02861

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name	Director Name
Anita Bandieri	Daniel Bandieri
Street Address: 46 Sterling St	Street Address: 85 Kennedy Circle
City: Pawtucket State: RI Zip: 02860	City: Hyannis State: MA Zip: 02601
Director Name	Director Name
Nancy McAllister	Lisa A. Heroux
Street Address: 23 Terrace Ave	Street Address: 7 Pommenville St
City: Providence State: RI Zip: 02909	City: Pawtucket State: RI Zip: 02861

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
Muriel G. Heroux	6-27-16

Signature of Officer/Authorized Representative: Muriel G. Heroux, President

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016

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