



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

2016 JUL 26 PM 1:44

1. Entity ID Number <u>28246</u>		2. Exact name of the Corporation <u>MANIA SS DELLA DIFERIA Society of Johnston</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>15 LAFAYETTE ST (SOCIAL CLUB) Rhode Island</u>	
5. Principal Office Address <u>GREGORY A. PAYETTE</u>		City <u>Johnston</u>	State <u>RI</u>
		City <u>47 MORGAN AVE</u>	Zip <u>02919</u>
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>GREGORY A PAYETTE</u>		Vice-President Name <u>WALTER ADAMO</u>	
Street Address <u>47 MORGAN AVE</u>		Street Address <u>3 LYMAN AVE</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	Zip <u>02919</u>
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	Zip <u>02919</u>
Secretary Name <u>CHARITY MARINO</u>		Treasurer Name <u>JAMES SACCOCCIO</u>	
Street Address <u>GEORGETOWN AVE</u>		Street Address <u>204 CHESTNUT OAK RD</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Chepachet</u>	Zip <u>02918</u>
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	Zip <u>02919</u>
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 <u>A T BUCCI</u>		Director Name <u>Tom Veatch</u>	
Street Address <u>28 LAFAYETTE ST</u>		Street Address <u>52 LYMAN AVE</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	Zip <u>02919</u>
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	Zip <u>02919</u>
Director Name <u>Steve Benadette</u>		Director Name	
Street Address <u>15 LAFAYETTE ST</u>		Street Address	
City <u>Johnston</u>	State <u>RI</u>	City	Zip
City <u>Johnston</u>	State <u>RI</u>	City	Zip
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>JAMES SACCOCCIO</u>		Date <u>7/26/16</u>	
Signature of Officer/Authorized Representative <u>James Saccoccio</u>		SIGN DOCUMENT HERE	

FILED

JUL 26 2016

BY CA 279941

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