



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

Annual Report for the year:
Non-Profit Corporation

2017

- 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 000 605613		2. Exact name of the Corporation ITALIAN CULTURAL FOUNDATION OF RI			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CULTURAL ACTIVITIES			
5. Principal Office Address 2224 PAWTUCKET AVE.		City EAST PROV	State RI	Zip 02914	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER J ROTELLI			Vice-President Name VINCENZO CARNEVALE		
Street Address 2224 PAWTOCKET AVE			Street Address 74 OLD PICADILLY RD		
City EAST PROV	State RI	Zip 02914	City JOHNSTON	State RI	Zip 02914
Secretary Name ANDREW J MATTEO			Treasurer Name PETER J ROTELLI		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
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 PETER J ROTELLI			Director Name VINCENZO CARNEVALE		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
Director Name PETER NIELLO			Director Name ANDREW J. MATTEO		
Street Address 2224 PAWTOCKET AVE			Street Address SAME		
City E.P.	State RI	Zip 02914	City	State	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative PETER J. ROTELLI					Date 5-4-17
Signature of Officer/Authorized Representative <i>[Signature]</i>					

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

FILED
MAY 08 2017

BY

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FORM 631 - Revised: 02/2017