RI SOS Filing Number: 201745033780 Date: 6/7/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Re	oort	for	the	year
Non-Pro	nfit :	Cor	nor	atio	n

0047	
2017	
ZU11	

→ 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							
4 81384	DECIANTIS FAMILY CORPORATION							
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island							
Rhode Island	To promote and further the general welfare and interests of the DeCiantis family,							
	decedents of Francesco and Emelia DeCiantis							
E Deineinal Office Address			City	State	7in			
5. Principal Office Address			City	1	Zip			
73 Quaker Lane			West Warwick	RI	02893			
6. List ALL officers (names and add	dresses)			eck the box to indicate	an attachment			
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 ad	idresses). RI Corp	orations MUST	list at least THREE directors.	Check the box to indica	te an attachment			
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 206 Trinity Street			Street Address					
City West Warwick	State RI	^{Zip} 02886	City	State	Zip			
8. Registered Agent in Rhode Islan	d. This information i	is currently of recor	rd in the Department of State. Chan	ges require filing Form 641	l			
Under penalty of perjury, I declar statements, and that all statemen				ccompanying schedu	les and			
This report must be signed by either the Pres	ident, Vice-President, S	Secretary, Assistant S	ecretary, Treasurer, duly Authorized Rep	presentative, Receiver or Trust	e e .			
Name of Officer/Authorized Repres	entative			Date				
David P. Collette, Secretary	-1	<u> </u>		10/28 1				
Signature of Officer/Authorized Rep	resentative	مراعم سداد ورسرويون	· · · · · · · · · · · · · · · · · · ·		1			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov







631 - Revised: 02/2017