RI SOS Filing Number: 201745930980 Date: 6/21/2017 4:00:00 PM

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

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Annual Report for the year: 2017
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
745105	**Verrecchia Family Foundation, Inc.**
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**PROVIDING FUNDING FOR OTHER ORGANIZATIONS WHICH QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.**
4. NAICS Code	
813910 - Business Associati	

6. Principal Office Address	City	State	Zip
580 OCEAN ROAD	**NARRAGANSETT**	**RI**	**02882**

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

President Name **ALFRED VERRECCHIA**			Vice-President Name **NONE**		
Street Address **580 OCEAN ROAD**			Street Address		
City **NARRAGANSETT**	State **RI**	Zip **02882**	City	State	Zip
Secretary Name **MICHELE LEVY**			Treasurer Name **GERALDINE VERRECCHIA**		
Street Address **19 SUNSET DRIVE**			Street Address **580 OCEAN ROAD**		
City **RICHMOND**	State **RI**	Zip **02892**	City **NARRAGANSETT**	State **RI**	Zip **02882**

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

Director Name **ALFRED VERRECCHIA**			Director Name **GERALDINE VERRECCHIA**		
Street Address **580 OCEAN ROAD**			Street Address **580 OCEAN ROAD**		
City **NARRAGANSETT**	State **RI**	Zip **02882**	City **NARRAGANSETT**	State **RI**	Zip **02882**
Director Name **MICHELE LEVY**			Director Name **MELISA A. VERRECCHIA**		
Street Address **19 SUNSET DRIVE**			Street Address **4 ELEANOR STREET**		
City **RICHMOND**	State **RI**	Zip **02892**	City **WARWICK**	State **RI**	Zip **02888**

9. 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
ALFRED VERRECCHIA, PRESIDENT

Date 5/30/2017

Signature of Officer/Authorized Representative

FILED
JUN 21 2017
BY 306552

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

EXHIBIT A
TO
2017 RHODE ISLAND NON-PROFIT CORPORATION ANNUAL REPORT
OF
VERRECCHIA FAMILY FOUNDATION, INC.
(Corp. ID #745105)

8. NAMES AND ADDRESSES OF THE DIRECTORS (CONT.):

Lisa Verrecchia Montes 1918 Paul Avenue Bethlehem, PA 18018	Michael A. Verrecchia 5212 Noble Avenue Sherman Oaks, CA 91411