



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

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 27 PM 3:15

1. Entity ID Number 28246		2. Exact name of the Corporation Maria SS Della Difesa Society			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social Club - Non Profit Charitable organization			
4. NAICS Code 813319					
6. Principal Office Address 15 Lafayette Street			City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory A Payette			Vice-President Name Walter Adamo		
Street Address 47 Morgan Avenue			Street Address Plainfield Pk		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Christy Marino			Treasurer Name Gerald A Stetson		
Street Address George Waterman Ave			Street Address 52 Dean Street		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920
8. 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 AT Bucci			Director Name Tom Veader		
Street Address 28 Lafayette Street			Street Address 52 Lyman Ave		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Steven Benadette			Director Name		
Street Address 15 Lafayette St			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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.					
<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 Gerald A Stetson					Date 6/27/17
Signature of Officer/Authorized Representative <i>[Signature]</i>					

FILED

JUN 27 2017

BY CU 307060

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