



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.

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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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Gregory A Payette		Vice-President Name Walter Adamo	
Street Address 47 Morgan Avenue		Street Address Plainfield Pk	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Christy Marino		Treasurer Name Gerald A Stettin	
Street Address George Waterman Ave		Street Address 52 Dean Street	
City Johnston	State RI	City Cranston	State RI
Zip 02919		Zip 02920	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name AT Bucci		Director Name Tom Veader	
Street Address 28 Lafayette Street		Street Address 52 Lyman Ave	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name Steven Benadette		Director Name	
Street Address 15 Lafayette St		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
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 Gerald A Stettin		Date 6/27/17	
Signature of Officer/Authorized Representative 		<b>FILED</b>	

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

JUN 27 2017

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