

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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 21 AM 10:07

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 68400		2. Exact name of the Corporation Festa Italiana Society Inc.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island dinner dance - no raise funds to help the cancer society and the community	
4. NAICS Code 81			
6. Principal Office Address 187 Progress Ave		City PROV.	State R.I.
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nancy Guenther		Vice-President Name TERESA PARRAVANO	
Street Address 90 Westfield DR		Street Address 907 Progress Ave	
City Cranston	State R.I.	City PROV.	State R.I.
Zip 02920		Zip 02909	
Secretary Name MARIA P. LAOKEZZA		Treasurer Name TERESA PARRAVANO	
Street Address 16 Sweet Pea Dr.		Street Address 187 Progress Ave	
City Cranston	State R.I.	City PROV.	State R.I.
Zip 02900		Zip 02909	
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 Richard B Guenther		Director Name GINA STANFORD	
Street Address 90 Westfield DR		Street Address 11 Old Meadow Lane	
City Cranston	State R.I.	City Cumberland	State R.I.
Zip 02920		Zip 02969	
Director Name Peter M Guenther		Director Name	
Street Address 90 Westfield DR		Street Address	
City Cranston	State R.I.	City	State
Zip 02920		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.			
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 Nancy Guenther		Date 6-16-17	
Signature of Officer/Authorized Representative <i>Nancy Guenther</i>		FILED	

JUL 05 2017

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