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.

1. Entity ID Number	2. Exact name of the Corporation
27006	ITALO-AMERICAN CITIZENS CLUB OF WARREN
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: MEMBERSHIP CLUB. SELL ALCOHOL. OUR PROFITS ARE USED TO BENEFIT OUR COMMUNITY WE DONATE TO DIFFERENT WARREN CHARITIES .
4. NAICS Code: 813319 - Other Social Advocac	

6. Principal Office Address	City	State	Zip
13 KELLY STREET	WARREN	R.I.	02885

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

President Name: SCOTT DaLLASANDRO			Vice-President Name: MIKE OUELLETTE		
Street Address: 7 DRISCOL LANE			Street Address: 88 MAPLE AVENUE		
City: WARREN	State: R.I.	Zip: 02885	City: BARRINGTON	State: R.I.	Zip: 02806
Secretary Name: JAMES PINE			Treasurer Name: ROMEO SAMPSON		
Street Address: 50 COUNTY ROAD			Street Address: 46 TURNER AVENUE		
City: BARRINGTON	State: R.I.	Zip: 02806	City: EAST PROVIDENCE	State: R.I.	Zip: 02915

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

Director Name: FRED MELLO			Director Name: RICK HASKINS		
Street Address: 127 MAIN STREET			Street Address: 19 WOOD STREET		
City: WARREN	State: R.I.	Zip: 02885	City: WARREN	State: R.I.	Zip: 02885
Director Name: MARC LaFORGE			Director Name: JOHN GRADY		
Street Address: 17 OXFORD AVENUE			Street Address: 62 LAMPSON AVENUE		
City: EAST PROVIDENCE	State: R.I.	Zip: 02915	City: BARRINGTON	State: R.I.	Zip: 02806

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	Date
MIKE OULLETTE	7/9/17 ✓

Signature of Officer/Authorized Representative: [signature]

FILED
JUL 12 2017
BY [signature]

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

FORM 631 - Revised: 06/2017

State of Rhode Island and Providence Plantations

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President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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Check the box to indicate an attachment ☐

Director Name **KENNETH KINNEY**			Director Name		
Street Address **LIBBY LANE**			Street Address		
City **WARREN**	State **RI**	Zip **02885**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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BY 720125

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