



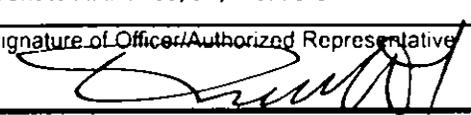
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018

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 000096393		2. Exact name of the Corporation Pontecorvo Society, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A fraternal society promoting good will among immigrants from Pontecorvo, Italy			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 410 South Main Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President: Name Michael F. Sabitoni		Vice-President Name			
Street Address 410 South Main Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name		Treasurer Name Donato A. Bianco, Jr.			
Street Address		Street Address 410 South Main Street			
City	State	Zip	City Providence	State RI	Zip 02903
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 Michael F. Sabitoni		Director Name Donato A. Bianco, Jr.			
Street Address 410 South Main Street		Street Address 410 South Main Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 0290
Director Name Vincent R. Masino		Director Name			
Street Address 226 South Main Street		Street Address			
City Providence	State RI	Zip 02903	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Donato A. Bianco, Jr., Treasurser				Date 6/1/18	
Signature of Officer/Authorized Representative 					

SIGN DOCUMENT **FILED**

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

MAY 23 2018
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