

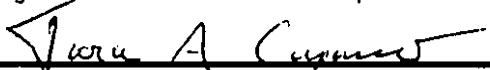


Department of State - Business Services Division

Annual Report for the year: **2018**
Non-Profit Corporation

STATE

- 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 172597		2. Exact name of the Corporation Donald Anthony Capasso Memorial Fund, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable fund raising, and for any other lawful purpose			
4. NAICS Code 813219					
6. Principal Office Address 19 Maribeth Drive		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 Donald P. Capasso, Jr.			Vice-President Name Sheila A. Capasso		
Street Address 19 Maribeth Drive			Street Address same		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Tara A. Capasso			Treasurer Name Sheila A. Capasso		
Street Address same as above			Street Address same		
City	State	Zip	City	State	Zip
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 Donald P. Capasso, Jr.			Director Name Sheila A. Capasso		
Street Address 19 Maribeth Drive			Street Address same		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name Tara A. Capasso			Director Name		
Street Address same as above			Street Address		
City	State	Zip	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 Tara A. Capasso					Date 5/26/18
Signature of Officer/Authorized Representative 					FILED

JUN 04 2018
BY **2339 DS**