



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

Annual Report for the year:  
Non-Profit Corporation

2018

- 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 163611		2. Exact name of the Corporation SAN BERNARDO SOCIETY, LTD.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE FRATERNALISM AND COMRADERY AMONG THE MEMBERS AND THEIR FAMILIES	
4. NAICS Code 813990			
6. Principal Office Address 766-768 ATWOOD AVENUE		City CRANSTON	State R.I. Zip 02920
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name ANTHONY CAPRIO		Vice-President Name STEVEN MANCINO	
Street Address 2 DEXTER STREET		Street Address 10 VALLEY VIEW DRIVE	
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON State R.I. Zip 02919
Secretary Name ROBERT SILVESTRI		Treasurer Name ERNEST J. MASI, JR.	
Street Address 37 FUNSTON AVENUE		Street Address 51 WEST RIVER PARKWAY	
City PROVIDENCE	State R.I.	Zip 02908	City NORTH PROVIDENCE State R.I. Zip 02904
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 ROBERT J. DESIMONE		Director Name JOSEPH GIORDANO	
Street Address 99 SUMMIT DRIVE		Street Address 400 SCITUATE AVENUE #7	
City CRANSTON	State R.I.	Zip 02920	City CRANSTON State R.I. Zip 02921
Director Name ROBERT BURDICK		Director Name LOUIS FEDERICI	
Street Address 11 EAST GATE ROAD		Street Address 129 COTTAGE AVENUE	
City SMITHFIELD	State R.I.	Zip 02828	City NORTH PROVIDENCE State R.I. Zip 02911
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 ERNEST J. MASI, JR. TREASURER			Date 6-8-18
Signature of Officer/Authorized Representative <i>Ernest J. Masi, Jr.</i> <b>FILED</b> <i>02</i>			

JUN 11 2018

1208