



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

Annual Report for the year: 2018
 Non-Profit Corporation

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JUN 29 PM 2:11

- 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 36438		2. Exact name of the Corporation Friends of RI CASA, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To assist the RI CASA advocates for children (CASH) through fundraising activities to support recruitment training, and retention of volunteer advocates, and raise funds for the childrens dream fund			
4. NAICS Code 813219					
6. Principal Office Address c/o RI CASA, Grayby Judicial complex 2nd Floor, one Dorrance street Plaza		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 Anthony W. Bucci Jr.			Vice-President Name Daniel Calabro		
Street Address RI CASH OFFICE, Grayby Judicial complex			Street Address RI CASH OFFICE		
City Providence	State RI	Zip 02903	City Providence	State Ri	Zip 02903
Secretary Name Cheryl Martone			Treasurer Name Anthony W Bucci Jr.		
Street Address RI CASA OFFICE Grayby Judicial complex			Street Address RI CASH OFFICE		
City Providence	State RI	Zip 02903	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 Robert Lugosta			Director Name Jill Espino		
Street Address RI CASH OFFICE			Street Address RI CASH OFFICE		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Nancy Cantone			Director Name Myles Pichon		
Street Address RI CASH OFFICE			Street Address RI CASH OFFICE		
City Providence	State RI	Zip 02907	City Providence	State Ri	Zip 02907
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 Anthony W. Bucci Jr.					Date 6-29-18
Signature of Officer/Authorized Representative <i>[Signature]</i>					

FILED

2:10 pm

JUN 29 2018

BY 333960

AA