



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Non-Profit Corporation

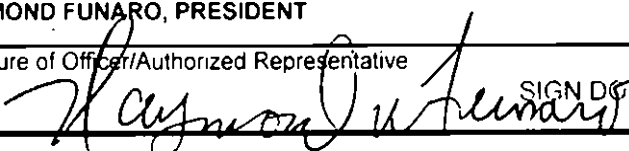
→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JUL 18 AM 10:42

1. Entity ID Number 33646		2. Exact name of the Corporation SANTA MARIA DI PRATA SOCIETY			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SOCIAL, RELIGIOUS, AND CHARITABLE ORGANIZATION.			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 29 WALNUT GROVE AVENUE			City CRANSTON	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name RAYMOND FUNARO			Vice-President Name ATTILIO FEOLE		
Street Address 99 SALEM AVENUE			Street Address 53 CLEMENCE STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name VACANT			Treasurer Name VACANT		
Street Address			Street Address		
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 ☒					
Director Name ANTHONY V. RICCI			Director Name PASQUALE S. GENCO		
Street Address 100 METRO CENTER BLVD			Street Address 17 ROBINLYN DRIVE		
City WARWICK	State RI	Zip 02886	City CRANSTON	State RI	Zip 02921
Director Name DOMENICO G. PETRARCA			Director Name JOSEPH H. FEOLE		
Street Address 5 CANONCHET TRAIL			Street Address 51 EASTGATE DRIVE		
City JOHNSTON	State RI	Zip 02919	City WARWICK	State RI	Zip 02886
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 RAYMOND FUNARO, PRESIDENT					Date 16 JUL 18
Signature of Officer/Authorized Representative 					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

JUL 18 2018

BY Cu 10:42

FORM 631 - Revised: 11/2017

Santa Maria Di Prata Society
29 Walnut Grove Avenue
Cranston, RI 02920
Entity ID No. 33646

AMENDED
33646

Continuation for annual report for non-profit corporation
Annual Report for year 2018

Note the following officers are for the period of July 1, 2018 to June 30, 2019

Section 6 Con't

Name, _____	Office Held _____	Address _____
Angelo C. Simone	Sergeant at Arms	189 Kearney Street, Cranston, RI 02920
James A. Egloff	Chaplain	106 Greeley Street, Providence, RI 02904

Section 7 Con't

Name _____	Office Held _____	Address _____
Richard Vallante	Trustee	19 May Ann Court, North Providence, RI 02904



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

July 18, 2018 10:42 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

