



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 27 PM 12:12

1. Entity ID Number <b>29401</b>		2. Exact name of the Corporation <b>Warwick Mall Merchants Association</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Advertising			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 400 Bald Hill Rd Suite 100		City Wrawick	State RI	Zip 02886	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name		Vice-President Name Nancy Palasciano			
Street Address		Street Address 59 Bratt Lane			
City	State	Zip	City West Warwick	State RI	Zip 02993
Secretary Name		Treasurer Name Kathleen Irey			
Street Address		Street Address 22 Brendard Ave			
City	State	Zip	City Warwick	State RI	Zip 02889
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 Dan Bliss		Director Name Domenic Schiavone			
Street Address 33 Bullocks Pt Ave 5-C		Street Address 10 Homestead Rd			
City Riverside	State RI	Zip 02915	City Cumberland	State RI	Zip 02893
Director Name		Director Name Nancy Palasciano			
Street Address		Street Address 59 Bratt Lane			
City	State	Zip	City W. Warwick	State RI	Zip 02993
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>					
<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 <b>Domenic Schiavone</b>				Date <b>7/26/18</b>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT <b>FILED</b>	

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

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BY cu 334785