



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.

1. Entity ID Number 153358		2. Exact name of the Corporation Istituto Nazionale Assistenza Cittadini-Nord America, Inc.			
3. State of incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide assistance to Italian Americans in the United States with Italian Citizenship in completing governmental forms.			
4. NAICS Code 624190 - Other Individual and					
6. Principal Office Address 22 Denver Street		City Pawtucket		State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Giuseppe Mazza			Vice-President Name Daniel Mazza		
Street Address 22 Denver Street			Street Address 22 Denver Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Vincenzo Mazza			Treasurer Name Giuseppe Mazza		
Street Address 22 Denver Street			Street Address 22 Denver Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Giuseppe Mazza			Director Name Anna Mazza		
Street Address 22 Denver Street			Street Address 22 Denver Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Vincenzo Mazza			Director Name Daniel Mazza		
Street Address 22 Denver Street			Street Address 22 Denver Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Vincenzo Mazza					Date 8-20-18
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE FILED