



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.

2019 MAY 26 PM 12:53

1. Entity ID Number 485991		2. Exact name of the Corporation SCALABRINI LAY MOVEMENT INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To assist all immigrants regardless of race, sex, ethnicity, religious belief, or political affiliation in their social, cultural, legal and religious needs and to help them to live with dignity without discrimination in their new country with the spirit...			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 300 Laurel Hill Avenue		City Providence		State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vlado Dukceovich			Vice-President Name Rosanna I. Grillo		
Street Address Burrillville Industrial Park			Street Address 300 Laurel Avenue		
City Pascoag	State RI	Zip 02859	City Providence	State RI	Zip 02909
Secretary Name Flavia Dukceovich			Treasurer Name Rev. Peter P. Polo, CS		
Street Address Burrillville Industrial Park			Street Address 300 Laurel Hill Avenue		
City Pascoag	State RI	Zip 02859	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name David Deucevich			Director Name Stefano Dekceovich		
Street Address Burrillville Industrial Park			Street Address Burrillville Park		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Director Name Giovanni Dukceovich			Director Name		
Street Address Burrillville Industrial Park			Street Address		
City Pascoag	State RI	Zip 02859	City	State	Zip
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 Rosanna I. Grillo, Vice President				Date April 25, 2019	
Signature of Officer/Authorized Representative <i>Rosanna I. Grillo</i>				SIGN DOCUMENT HERE FILED MAY 6 2019	

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

BY **YQ5F5**
A.A. 12:54 p.m.