

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

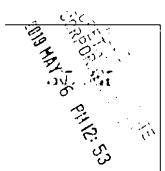
Annual Report for the year: **Non-Profit Corporation**

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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



Trenaity. Additional \$20.00 fee in	701111 IS 1101 III GS D	y cu ly co.			<u>ဟ</u>
1. Entity ID Number 485991	2. Exact name of the Corporation SCALABRINI LAY MOVEMENT				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	To assist all immigrants regardless of race, sex, ethnicity, religious belief, or political affilliation in				
4. NAICS Code	their social, cultural, legal and religious needs and to help them to live with dignity without discrimination in their new country with the spirit				
813110 - Religious Organization					
6. Principal Office Address	<u> </u>		City	State	Zip
300 Laurel Hill Avenue			Providence	RI	02909
7. List ALL officers (names and ad	dresses)	`		Check the box to indi	cate an attachment
President Name Vlado Dukcevich			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 Dukcevich			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 a	ddresses). Rl Co	rporations MUST	list at least THREE directors.	Check the box to indic	cate an attachment
Director Name David Deucevich			Director Name Stefano Dekcevich		
Street Address Burrillville Industrial Park			Street Address Burrillville Park		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Director Name Giovanni Dukcevich			Director Name		
Street Address Burrillville Industrial Park			Street Address		
City Pascoag	State RI	Zip 02859	City	State	Zip
9. Registered Agent in Rhode Islan	nd. This information	n is currently of reco	rd in the Department of State. Cha	inges require filing Form 6	41.
Under penalty of perjury, I decla statements, and that all stateme				accompanying sched	ules and
This report must be signed by either the Pre	sident, Vice-President	t, Socretary, Assistant S	Secretary, Treasurer, duly Authorized Ri	apresentative, Receiver or Tru	stee
Name of Officer/Authorized Repre-				Date 1	, 2019
Rosanna I. Grillo, Vice Presiden			FILED	About or	, 00 ()
Signature of Officer/Authorized Ro	presentative	SIGN DOC	WARN 65059		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov