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 SECRETARY OF STATE
 CORPORATION DIVISION
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State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year: 2019
 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 29142		2. Exact name of the Corporation SOCIETA MUTUO SOCCORSO MARIA SANTISSIMA DELBORD DI PANNI	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHARITIES, CHURCH FUNCTIONS SUPER CITY JOHNSTON ITALY PANNI CULTURAL EVENTS SOCIAL SPIRITUAL EDUCATION HERITAGE FROM PANNI ITALY CULTURE TO OUR PATRON SAINT CULTURE ACTIVITIES FAVORABLE GENERATION TO COME	
4. NAICS Code 813110			
6. Principal Office Address 40 HAVEN AVE		City CRAWFORD	State RI
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOSEPH SPREMULLI		Vice-President Name DAVID VENDITELLI	
Street Address 2 CAPRI DR		Street Address 80 CLYDE ST	
City JOHNSTON	State RI	City LARWICK	State RI
Zip 02919		Zip 02893	
Secretary Name LOUIS MANSOULLO		Treasurer Name STEPHEN RUSSO JR	
Street Address 36 MEMORIAL ROCKLAND AVE		Street Address 37 PARK FOREST ROAD	
City JOHNSTON	State RI	City CRAWFORD CRAWFORD	State RI
Zip 02919		Zip 02920	
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 ANDREA PAGLIA		Director Name JASON PARENTERU	
Street Address 62 STERMAN AVE		Street Address 20 STONY VIEW DR	
City NORTH PROVIDENCE	State RI	City CUMBERLAND	State RI
Zip 02921		Zip 02864	
Director Name ELEANOR SPREMULLI		Director Name LOUIS SPREMULLI	
Street Address 2 CAPRI DR		Street Address 21 DEER VIEW ROAD	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
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 Joseph Spremulli			Date MAY 24 2019
Signature of Officer/Authorized Representative			

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BY KL SK B33