



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2019**  
**Non-Profit Corporation**

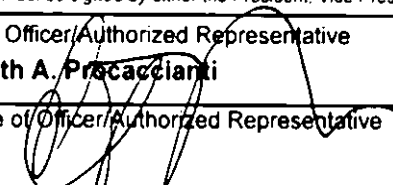
- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

**FILED**

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JUN 10 2019

BY 2790

|  |                 |   |                      |                       |                  |
|--|-----------------|---|----------------------|-----------------------|------------------|
| 1. Entity ID Number<br><b>146922</b>   |                 | 2. Exact name of the Corporation<br><b>The Procaccianti Family Foundation</b>   |                      |                       |                  |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>To enhance and support charitable activities and charitable organizations</b> |                      |                       |                  |
| 4. NAICS Code<br><b>813110 - Religious Organiza</b>  |                 |   |                      |                       |                  |
| 6. Principal Office Address<br><b>1140 Reservoir Avenue</b>  |                 | City<br><b>Cranston</b>   | State<br><b>RI</b>   | Zip<br><b>02920</b>   |                  |
| 7. List ALL officers (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>  |                 |   |                      |                       |                  |
| President Name <b>James A. Procaccianti</b>  |                 | Vice-President Name   |                      |                       |                  |
| Street Address <b>1140 Reservoir Avenue</b>  |                 | Street Address  |                      |                       |                  |
| City <b>Cranston</b>   | State <b>RI</b> | Zip <b>02920</b>  | City                 | State                 | Zip              |
| Secretary Name <b>Elizabeth A. Procaccianti</b>  |                 | Treasurer Name <b>Elizabeth A. Procaccianti</b>   |                      |                       |                  |
| Street Address <b>1140 Reservoir Avenue</b>  |                 | Street Address <b>1140 Reservoir Avenue</b>   |                      |                       |                  |
| City <b>Cranston</b>   | State <b>RI</b> | Zip <b>02920</b>  | City <b>Cranston</b> | State <b>RI</b>       | Zip <b>02920</b> |
| 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 <b>James A. Procaccianti</b>   |                 | Director Name <b>Elizabeth A. Procaccianti</b>  |                      |                       |                  |
| Street Address <b>1140 Reservoir Avenue</b>  |                 | Street Address <b>1140 Reservoir Avenue</b>   |                      |                       |                  |
| City <b>Cranston</b>   | State <b>RI</b> | Zip <b>02920</b>  | City <b>Cranston</b> | State <b>RI</b>       | Zip <b>02920</b> |
| Director Name <b>Gregory D. Vickowski</b>  |                 | Director Name   |                      |                       |                  |
| Street Address <b>1140 Reservoir Avenue</b>  |                 | Street Address  |                      |                       |                  |
| City <b>Cranston</b>   | State <b>RI</b> | Zip <b>02920</b>  | 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.  |                 |   |                      |                       |                  |
| <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<br><b>Elizabeth A. Procaccianti</b>  |                 |   |                      | Date<br><b>6-6-19</b> |                  |
| Signature of Officer/Authorized Representative<br>  |                 |   |                      | SIGN DOCUMENT HERE    |                  |

**MAIL TO:**  
 Division of Business Services  
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