



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

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

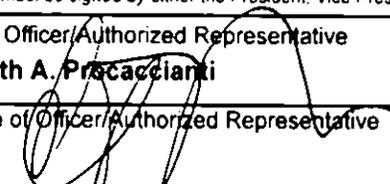
- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

STAMP

JUN 10 2019

BY 2790

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

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