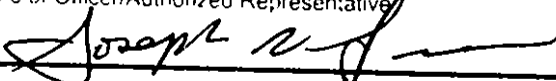


Annual Report for the year: 2019  
Non-Profit Corporation

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


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CORPORATIONS DIV

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1. Entity ID Number <b>32100</b>		2. Exact name of the Corporation <b>DONCE - GOULAI'S MEMORIAL ASSOCIATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>FRATERNAL PATRIOTIC</b>			
4. NAICS Code <b>722410</b>					
6. Principal Office Address <b>110.8 CHARLES ST</b>		City <b>NORTH PROV</b>	State <b>RI</b>	Zip <b>02904</b>	
7. List ALL officers (names and addresses)					
President Name <b>JOSEPH R JALBERT</b>			Vice-President Name <b>JOHN A DORE</b>		
Street Address <b>22 WOODWARD RD #17</b>			Street Address <b>120 WOODWARD RD</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>LUIGI STANZIALE</b>			Treasurer Name <b>RALPH A RUGGIANO</b>		
Street Address <b>31 FORSYTH ST</b>			Street Address <b>7 MORELAND ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02815</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					
Director Name <b>JOSEPH BAKER</b>			Director Name <b>LOUIS L SOARDO</b>		
Street Address <b>39 LYDIA AVE</b>			Street Address <b>10 MAY ST</b>		
City <b>NORTH PROV.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROV</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>ROBERT BAKER</b>			Director Name		
Street Address <b>120 WOODWARD RD</b>			Street Address		
City <b>NORTH PROV</b>	State <b>RI</b>	Zip <b>02904</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.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <b>JOSEPH R JALBERT</b>					Date <b>6-20-19</b>
Signature of Officer/Authorized Representative 					

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

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