



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2019

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 132265		2. Exact name of the Corporation Sandi "McGee" Igliozzi Memorial Fund, Inc.			
3. State of Incorporation R. I.		4. Brief description of the character of business conducted in Rhode Island To hold Fundraising events; proceed used for charity			
5. Principal office address 10 PARK BLVD		City West Warwick	State RI	Zip 02883	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph A. Igliozzi			Vice-President Name Gina M. Polis		
Street Address 8 Woodward Rd.			Street Address 10 Park Blvd		
City Brooklyn	State CT	Zip 06234	City West Warwick	State RI	Zip 02883
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph A. Igliozzi			Director Name Gina M. Polis		
Street Address 8 Woodward Rd			Street Address 10 Park Blvd		
City Brooklyn	State CT	Zip 06234	City West Warwick	State RI	Zip 02883
Director Name Brian Dunn			Director Name		
Street Address 250 Elm St.			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

JUN 21 2019  
BY 0147 DS

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.

Signature of Officer or Authorized Representative

6/18/19  
Date

Joseph A. Igliozzi  
Print or Type Name of Officer or Authorized Representative