



RI SOS Filing Number: 201998334120 Date: 6/21/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 21 2019

BY 2124 DS

1. Entity ID Number <b>000026054</b>		2. Exact name of the Corporation <b>The Dante Society</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To promote Italian language and culture</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>PO Box 155</b>		City <b>Westerly</b>		State <b>RI</b>	Zip <b>02891</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Evie Cofone</b>			Vice-President Name <b>Ed Rossomando</b>		
Street Address <b>4 Wompag Road</b>			Street Address <b>12 West Fairway</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Cathy Potter</b>			Treasurer Name <b>Lou Toscano</b>		
Street Address <b>23 School Street 6W</b>			Street Address <b>51 John Street</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kay Danielle</b>			Director Name <b>Angie Smith</b>		
Street Address <b>194 Montauk Ave.</b>			Street Address <b>28 Watch Hill Road</b>		
City <b>Stonington</b>	State <b>CT</b>	Zip <b>06378</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>Anna Harring</b>			Director Name		
Street Address <b>10 Don Ross Dr.</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</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>Louis M Toscano</b>				Date <b>6/18/19</b>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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

FORM 631 - Revised: 03/2019