



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

Annual Report for the year: **2020**

Non-Profit Corporation

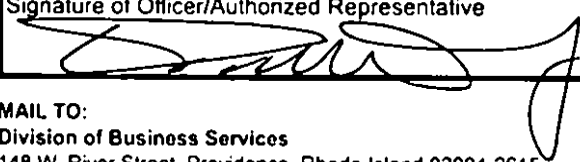
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

FILED

MAY 27 2020 STAMP
BY 1335 FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000096393		2. Exact name of the Corporation Pontecorvo Society, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A fraternal society promoting good will among immigrants from Pontecorvo, Italy			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 226 South Main Street		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael F. Sabitoni			Vice-President Name		
Street Address 410 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name			Treasurer Name Donato A. Bianco, Jr.		
Street Address			Street Address 410 South Main Street		
City	State	Zip	City Providence	State RI	Zip 02903
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 Michael F. Sabitoni			Director Name Donato A. Bianco, Jr.		
Street Address 410 South Main Street			Street Address 410 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Vincent R. Masino			Director Name		
Street Address 226 South Main Street			Street Address		
City Providence	State RI	Zip 02903	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.					
<i>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>					
<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 Donato A. Bianco, Jr.				Date 05/18/2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov