



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 29 2020

BY

1086 OS

1. Entity ID Number 001683526		2. Exact name of the Corporation RIIAHF INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO HONOR INDIVIDUALS WHO HAVE ACCOMPLISHED ACHIEVEMENTS IN THE FIELD OF SPORTS, THE ARTS, EDUCATION, BUSINESS AND GOVERNMENT, AWARD SCHOLARSHIPS AND ALL OTHER LAWFUL PURPOSES.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 300 Centerville Road, Summit East, Suite 330			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Rocco			Vice-President Name		
Street Address 53 Lake Street			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name Salvatore Spagnoli			Treasurer Name Thomas A. Tarro, III		
Street Address 12 Floral Avenue			Street Address 300 Centerville Rd., Summit East, Suite 330		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Thomas A. Tarro, III			Director Name Joseph Rocco		
Street Address 300 Centerville Road, Summit East, Suite 330			Street Address 53 Lake Street		
City Warwick	State RI	Zip 02886	City Rehoboth	State MA	Zip 02769
Director Name John DeLuca			Director Name Michael Integlia		
Street Address 23 Manhattan Street			Street Address 220 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Thomas A. Tarro, III				Date May 22, 2019	
Signature of Officer/Authorized Representative <i>Thomas A. Tarro, III</i>				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

CORPORATE ID NO. 001683526

ATTACHMENT

**ADDITIONAL DIRECTORS OF
RIIAHF, INC.**

Peter Palmisciano
45 Cliffside Drive
Cranston, RI 02920

Edward Pascarella
67 Brown Avenue
Johnston, RI 02919

Robert Rodio
1611 Stony Lane
North Kingstown, RI 02852

Angelo Rotella
4 Pond View Court
Smithfield, RI 02917

Salvatore Spagnoli
12 Floral Avenue
North Kingstown, RI 02852

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