



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

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1. Entity ID Number 28905		2. Exact name of the Corporation Verrazzano Day Observance Committee, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable/social advocacy organization-provide annual awards and grants to students and educational/non-profit organizations.			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 6 Diaz Court		City West Warwick	State RI	Zip 02893	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Florio, Jr.			Vice-President Name John Bonaventura		
Street Address 6 Diaz Court			Street Address 42 Birchwood Drive		
City West Warwick	State RI	Zip 02893	City North Providence	State RI	Zip 02904
Secretary Name Tammy Cianci			Treasurer Name Daniel J. Evangelista		
Street Address 18 Winchester Avenue			Street Address 140 Ferris Avenue		
City North Smithfield	State RI	Zip 02896	City Rumford	State RI	Zip 02916
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 Ernest C. Ricci			Director Name Donald Angelo		
Street Address 2 East Park Street			Street Address 26 Forestwood Drive		
City Johnston	State RI	Zip 02919	City Smithfield	State RI	Zip 02917
Director Name Joseph A. Sauro			Director Name Joseph Calabro		
Street Address 26 Herbert Street			Street Address 4 Heritage Drive		
City East Greenwich	State RI	Zip 02818	City Lincoln	State RI	Zip 02865
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 Joseph A. Sauro				Date 6/1/20	
Signature of Officer/Authorized Representative <i>Joseph A. Sauro</i>					

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