



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

Annual Report for the year:
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

JUN 08 2020

BY

1. Entity ID Number 026994		2. Exact name of the Corporation ITALIAN AMERICAN WAR VETERANS OF THE UNITED STATE INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island VETEREANS & FAMILY AFFAIRS	
4. NAICS Code 813319 - Other Social Advocac			
6. Principal Office Address 15 MERCY STREET		City PROVIDENCE	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN CIANCI		Vice-President Name JOSEPH A SUARO	
Street Address 18 WINCHESTER AVENUE		Street Address 26 HEBERT STREET	
City NORTH SMITHFIELD	State RI	City EAST GREENWICH	State RI
Zip 02860		Zip 02818	
Secretary Name JOSEPH M SPANNEDDA		Treasurer Name ANGELO R LAURO	
Street Address 65 RANKIN STREET		Street Address 59 MAPLEHURST AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02908	
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 JOSEPH M SPANNEDDA		Director Name ANGELO R LAURO	
Street Address 65 RANKIN STREET		Street Address 59 MAPLEHURST AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02908	
Director Name JOSEPH A SUARO		Director Name FRANK A CICCONE III	
Street Address 26 HEBERT STREET		Street Address 15 MERCY STREET	
City EAST GREENWICH	State RI	City PROVIDENCE	State RI
Zip 02818		Zip 02909	
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 ANGELO R LAURO			
Signature of Officer/Authorized Representative <i>Angelo R Lauro</i>		6.1.20	

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