



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 JUN 10 AM 11:03
STAMP
 FOR SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 63422		2. Exact name of the Corporation CORPORATION #67			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non Profit Fraternal Society, Title Holding Entity to Property and Income of every kind			
4. NAICS Code 624120 - Services for Elderly and					
6. Principal Office Address 51 Tartaglia Street			City Johnston	State RI.	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ann Nencka			Vice-President Name Angela Goff		
Street Address 10 Aldrich Ave			Street Address 207 Webster Ave.		
City Cranston	State RI.	Zip 02920	City Providence	State RI.	Zip 02909
Secretary Name Sandra LoBello			Treasurer Name Sandra LoBello		
Street Address 51 Tartaglia Street			Street Address 51 Tartaglia Street		
City Johnston	State RI.	Zip 02919	City Johnston	State RI.	Zip 02919
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 Helen Amatelli			Director Name Edward Pelletier		
Street Address 10 Aldrich Avenue			Street Address 258 Windward Drive		
City Cranston	State RI.	Zip 02920	City Somerset	State MA	Zip 02726
Director Name John LoBello			Director Name Charles Cavallaro Sr.		
Street Address 51 Tartaglia Street			Street Address 6 Hebddeen Street		
City Johnston	State RI.	Zip 02919	City Johnston	State RI.	Zip 02919
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 Sandra LoBello				Date 5/18/2020	
Signature of Officer/Authorized Representative <i>Sandra LoBello</i>				SIGN DOCUMENT HERE FILED	

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

JUN 10 2020
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DIRECTOR OF CORP 2020

CORPORATION # 67

ADDITIONAL DIRECTORS

JOHN CAVALLARO
89 HORNBINE ST
CRANSTON R.I. 02910

JOYCE PELLETIER
258 WINDWQRD
SOMERSET MA.02726

CARMINO RUSSO
19 PENROSE ST.
N. PROVIDENCE RI. 02911

ETHEL CAVALLARO
6 HEBDEN ST
JOHNSTON RI. 02919