

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

FILED

Annual Report for the year: 2020
 Non-Profit Corporation

JUN 29 2020

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 3034 OS

1. Entity ID Number <u>000028059</u>		2. Exact name of the Corporation <u>Loggia Roma #271 Order of the Sons of Italy in America</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Our mission is to recognize and help worthy individuals and health organizations, who contribute to the Italian language and its principles. We give scholarships and donations.</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>7 Pommerville Street</u>		City <u>PAWUCKET</u>	State <u>RI</u> Zip <u>02861</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MURIEL G HEROUX</u>		Vice-President Name <u>DIANNE ARRUDA</u>	
Street Address <u>7 POMMERVILLE ST</u>		Street Address <u>22 Patriots Way</u>	
City <u>PAWUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>SEE HONK</u> State <u>MA</u> Zip <u>02771</u>
Secretary Name <u>Barbara Bourgeroy</u>		Treasurer Name <u>Lorraine Elderkin</u>	
Street Address <u>11 EISENHOWER DRIVE</u>		Street Address <u>15 Bassett Street</u>	
City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>PAWUCKET</u> State <u>RI</u> Zip <u>02861</u>
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 <u>Nancy McAllister</u>		Director Name <u>LISA A. HEROUX</u>	
Street Address <u>23 Terrace Ave</u>		Street Address <u>7 POMMERVILLE ST</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>PAWUCKET</u> State <u>RI</u> Zip <u>02861</u>
Director Name <u>Marian Linda</u>		Director Name <u>Daniel Bandiere</u>	
Street Address <u>359 GREENWICH AVE APT 109</u>		Street Address <u>85 Kennedy Center</u>	
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>HYANNIS</u> State <u>MA</u> Zip <u>02601</u>
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.			
<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 <u>MURIEL G. HEROUT</u>			Date <u>6-27-20</u>
Signature of Officer/Authorized Representative <u>Muriel G. Heroux</u>			