



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

Annual Report for the year:
 Non-Profit Corporation

2020

FILED

JUN 29 2020

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

1118

1. Entry ID Number 000027006		2. Exact name of the Corporation ITALO-AMERICAN CITIZENS CLUB WARREN	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SOCIAL CLUB WITH LIMITED MEMBERSHIP. SELL ALCHOLIC BEVERAGES . MONIES ARE DONATED TO DIFFERENT WARREN ORGANIZATIONS.	
4. NAICS Code <i>813410</i>			
6. Principal Office Address 13 KELLY STREET		City WARREN	State R.I.
		Zip 02885	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SCOTT D. ALLASANDRO		Vice-President Name MICHAEL OULLETTE	
Street Address 9 DRISCOL STREET		Street Address 88 MAPLE AVENUE	
City BARRINGTON	State R.I.	City BARRINGTON	State R.I.
Zip 02806		Zip 02806	
Secretary Name <i>John Grady</i>		Treasurer Name <i>Romeo Sampson</i>	
Street Address <i>8282 Lumpson Dr</i>		Street Address <i>12 Cliff Drive</i>	
City BARRINGTON	State R.I.	City BARRINGTON	State R.I.
Zip 02806		Zip 02806	
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 ROMEO SAMPSON		Director Name AL COUTIER	
Street Address 12 CLIFF DRIVE		Street Address 52 COUNTY ROAD	
City BRISTOL	State R.I.	City BARRINGTON	State R.I.
Zip 02809		Zip 02806	
Director Name LARRY PROULX		Director Name	
Street Address 152 PALMER AVENUE		Street Address	
City WARREN	State R.I.	City	State
Zip 02885		Zip	
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 MICHAEL OULLETTE, VICE PRESIDENT			Date 5/16/2019
Signature of Officer/Authorized Representative 			