

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

## Annual Report for the year: **Non-Profit Corporation**

→ Frling period: June 1 - June 30

→ Filing Fee. \$20.00

-> Penalty. Additional \$25.00 fee if form is not filed by July 30

1. Entity ID Number 000027006	2. Exact name of the Corporation				
	ITALO-AMERICAN CITIZENS CLUB WARREN				
3. State of Incorporation RHODE ISLAND	Bnef 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					
6 Principal Office Address			City	State	Zip
13 KELLY STREET			WARREN	R.I.	02885
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name SCOTT D. ALLASANDRO			Vice-President Name MICHAEL OULLETEE		
Street Address 9 DRISCOL STREET			Street Address 88 MAPLE AVENUE		
Chy BARRINGTON	State R.L.	Zip 02806	City BARRINGTON	State R.I.	Zrp 02806
Secretary Name J John	Grady		Treasurer Name ROME Sampson		
Street Address 8383	composed Dr Street Address - 12 Cliff Drive				
CRY BARRINGTON	State R.I.	Zip 02806	City BARRINGTON	State R.I.	<sup>Zip</sup> 02806
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name ROMEO SAMPSON			Director Name AL COUTIER		
Street Address 12 CLIFF DRIVE			Street Address 52 COUNTY ROAD		
<sup>Criy</sup> BRISTOL	State R.I.	<sup>Zip</sup> 02809	City BARRINGTON	State R.I.	<sup>Zip</sup> 02806
Director Name LARRY PROULX			Director Name		
Street Address 152 PALMER AVENUE			Street Address		
City WARREN	State R.I.	<sup>Zrp</sup> 02885	City	State	Zip
9. Registered Agent in Rhode Islan	id. This information	is currently of recoi	d in the Department of State. Change	s require filing Form 64	1.
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, Treesurer, duty Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Repres MICHAEL OULETTE, VICE PR				Date 5/16/2019	
Signature of Officer/Authorized Representative					

MAIL TO:

**Division of Business Services** 

14R W. River Street, Provincence, Rhinde Island (1797M\_2R15)