RI SOS Filing Number: 202075550570

PUS SYCS DIV

Date: 11/16/2020 12:29:00 PM R.I. DE STATE

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 NOV 1P 15: 51

Annual Report for the year: Non-Profit Corporation	2020
Non-Front Corporation	

- -> Filing period: June 1 June 30
- Filing Fee: \$20.00

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

	т						
1. Entity ID Number	2. Exact name of the Corporation						
29100	Societa	Societa di Mutuo Soccorso San Bartolommeo					
State of Incorporation		5 Brief description of the character of business conducted in Rhode Island					
Rhode Island	Non profit	Non profit corporation to retain Italian heritage					
4. NAICS Code	7						
86410							
β. Principal Office Address	- 1		City	State	Zip		
6 Sophia Street		Providence	RI	02909			
7 List ALL officers (names and addresses) Check the box to indicate an attachr							
President Name Pelegrino Maselli		Vice-President Name Albert Ianucci					
Street Address 15 Washington Street		Street Address 69 Carriage Drive					
^{City} Johnston	State RI	Zip 02919	City Lincoln	State RI	^{Zip} 02865		
Secretary Name Frank Fiorito	. • •	<u> </u>	Treasurer Name Nicola La Manna				
Street Address 177 Midwood Street		Street Address 565 Quaker Lane, Unit 3					
City Cranston	State RI	^{Zip} 02910	City Warwick	State RI	^{Zip} 02893		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name John De Simone		Director Name Ray Maillo					
Street Address 35 Noella Avenue		Street Address 121 Woodland Avune					
^{City} Coventry	State RI	^{Zip} 02816	City Cranston	State RI	Zip 02920		
Duector Name Joe Malaga		Ollector Name Norman John Santopadre					
Street Address 95 Selma Street		Street Address 195 Brayton Avenue					
Çity' Cranston	State RI	^{Zip} 02920	^{City} Cranston	State RI	^{Zip} 02920		
9. Registéred Agent in Rhode Isla	and. This informat	ion is currently of reco	rd in the Department of State Ch	anges require filing Form 6	41.		
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 Date							
Pellegrino Maselli 9 - 19 - 3020							
Signarture of Officer/Authorized Representative							
FILED FILED							
NOV 16 2020							

Division of Business Services

48 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019