



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

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2020 NOV 16 P 12:27

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.

1. Entity ID Number 29100		2. Exact name of the Corporation Societa di Mutuo Soccorso San Bartolommeo			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non profit corporation to retain Italian heritage			
4. NAICS Code 88410					
6. Principal Office Address 66 Sophia Street		City Providence		State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
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			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
Director Name Joe Malaga			Director Name Norman John Santopadre		
Street Address 95 Selma Street			Street Address 195 Brayton Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Pellegrino Maselli				Date 9-19-2020	
Signature of Officer/Authorized Representative <i>Pellegrino Maselli</i>					

FILED

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

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FORM 631 - Revised: 06/2015