RI SOS Filing Number: 202075551360 Date: 11/16/2020 12:28:00 PM

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

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Annual Report for the year: **2019**
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	2. Exact name of the Corporation
29100	**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: 813410	

6 Principal Office Address	City	State	Zip
66 Sophia Street	Providence	RI	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.

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	9-14-2020

Signature of Officer/Authorized Representative: Pellegrino Maselli

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

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BY Cn CYYK4
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FORM 631 - Revised 06/2019