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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 NOV 16 P 12:27

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 <b>29100</b>		2. Exact name of the Corporation <b>Societa di Mutuo Soccorso San Bartolommeo</b>			
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 <b>813610</b>					
6. Principal Office Address <b>66 Sophia Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Pelegriano Maselli</b>		Vice-President Name <b>Albert Ianucci</b>			
Street Address <b>15 Washington Street</b>		Street Address <b>69 Carriage Drive</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>Frank Fiorito</b>		Treasurer Name <b>Nicola La Manna</b>			
Street Address <b>177 Midwood Street</b>		Street Address <b>565 Quaker Lane, Unit 3</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
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 <b>John De Simone</b>		Director Name <b>Ray Maillo</b>			
Street Address <b>35 Noella Avenue</b>		Street Address <b>121 Woodland Avune</b>			
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>Joe Malaga</b>		Director Name <b>Norman John Santopadre</b>			
Street Address <b>95 Selma Street</b>		Street Address <b>195 Brayton Avenue</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Pellegrino Maselli</b>				Date <b>9-14-2020</b>	
Signature of Officer/Authorized Representative <i>Pellegrino Maselli</i>					

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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