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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY 21 AM 10:52

Annual Report for the year: 2021
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 000030736		2. Exact name of the Corporation Young Pannese Social Club	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promoting Good Brotherhood and Sports membership In upholding our Democratic way of Life	
4. NAICS Code 813990			
6. Principal Office Address 187 POQUASSET AVE		City PROVIDENCE	State RI
		City PROVIDENCE	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name Jason Petrone		Vice-President Name Robert DiStefano	
Street Address 990 Astwood Ave		Street Address 530 Dale Ave	
City Johnston	State RI	City CROFTON	State RI
	Zip 02919		Zip 02915
Secretary Name David Fuller		Treasurer Name Freddie Cavillone	
Street Address 161 Webster Ave		Street Address 63 Windsor Ave	
City PROVIDENCE	State RI	City Johnston	State RI
	Zip 02909		Zip 02919
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 Chris Bisconti		Director Name Edward Caverali	
Street Address 148 Westminster St Unit 5		Street Address 25 Herman Ave	
City PROVIDENCE	State RI	City CROFTON	State RI
	Zip 02909		Zip 02910
Director Name Peter Gove Conte		Director Name	
Street Address 14 Carriage Way		Street Address	
City N. Providence	State RI	City	State
	Zip 02904		Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, any Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative David Fuller			Date 5/20/21
Signature of Officer/Authorized Representative 			

FILED 10:54

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2015
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 21 2021

FORM 901 - Revised: 08/21

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