



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000077098

**2. Name of Corporation** RI Hospitality Education Foundation

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 94 SABRA STREET  
City or Town: CRANSTON State: RI Zip: 02910 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

ENCOURAGING PERSONS EMBARKED ON A CAREER IN THE FOODSERVICEOR  
HOSPITALITY INDUSTRIES IN RI.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT/CEO	DALE J VENTURINI	94 SABRA ST CRANSTON, RI 02905 USA
DIRECTOR	LAUREEN GREBIEN	214B MAIN STREET EAST GREENWICH, RI 02818 US
DIRECTOR	FLOYD CRISP	ONE WEST EXCHANGE STREET PROVIDENCE, RI 02903 US
EX-OFFICIO	RAY MCCUE	8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 US
SECRETARY	JOANNA ARRIGHIE	1 ORMS STREET PROVIDENCE, RI 02904 US
CHAIRMAN	DAVID DEPETRILLO	421 COMSTOCK PKWY CRANSTON, RI 02921 USA
DIRECTOR	ANGELA ARMENISE	280 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917 US
TREASURER	FRANK MARTUCCI	100 TWIN RIVER RD LINCOLN, RI 02865 USA
DIRECTOR	ALAN CHILLE	220 WEYBOSSET ST PROVIDENCE, RI 02903 USA
DIRECTOR	VINCENT COSTABLE	630 JOHN HANCOCK RD TAUNTON, MA 02780 USA
DIRECTOR	DAMIAN SANTORO	133 DOUGLAS AVE PROVIDENCE, RI 02903 USA
DIRECTOR	MELISSA VARAO	100 OCHRE POINT AVE NEWPORT, RI 02840 USA
DIRECTOR	TOM RIEL	10 MEMORIAL BLVD PROVIDENCE, RI 02903 USA
DIRECTOR	SAM GLYNN	440 CHILD ST WARREN, RI 02885 USA
DIRECTOR	MICHAEL SABITONI	8 ABBOTT PARK PLACE PROVIDENCE, RI 02903 USA
DIRECTOR	LEE LEWIS	57 GREENE ST WARWICK, RI 02886 USA
DIRECTOR	KRISTIN GENNUSO	960 HOPE ST PROVIDENCE, RI 02906 USA
DIRECTOR	KARSTEN HART	300 METRO CENTER BLVD WARWICK, RI 02886 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DALE J. VENTURINI 94 SABRA STREET CRANSTON , RI 02910

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 9 Day of June, 2021 at 10:37:54 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By REBEKKA A HAMMOND  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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