



RI SOS Filing Number: 202198984230 Date: 7/2/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000057506		2. Exact name of the Corporation GRAND LODGE OF RHODE ISLAND ORDER SONS AND DAUGHTERS OF ITALY IN AMERICA			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island FRATERNAL ORGANIZATION			
4. NAICS Code 813319 - Other Social Advocacy <input type="checkbox"/>					
6. Principal Office Address 42 BIRCHWOOD AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN BONAVENTURA			Vice-President Name ERNEST C. RICCI, JR.		
Street Address 42 BIRCHWOOD AVENUE			Street Address 2 EAST PARK STREET		
City NORTH PROVIDENCE	State RI	Zip 02904	City JOHNSTON	State RI	Zip 02919
Secretary Name MARIE CAMBIO			Treasurer Name ESTHER CAMBIO		
Street Address 69 MOUNTAIN ROAD			Street Address 1650 DOUGLAS AVENUE APT. 3202		
City SMITHFIELD	State RI	Zip 02917	City NORTH PROVIDENCE	State RI	Zip 02904
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 DONALD ANGELO			Director Name SUSANN DELLAROSA		
Street Address 26 FORRESTWOOD DRIVE			Street Address 60 DON AVENUE		
City SMITHFIELD	State RI	Zip 02917	City EAST PROVIDENCE	State RI	Zip 02916
Director Name THERESA GIUGLIANO			Director Name ANTHONY GIANFRANCESCO		
Street Address 1322 ATWOOD AVENUE			Street Address 70 SUPERIOR VIEW BOULEVARD		
City JOHNSTON	State RI	Zip 02919	City NORTH PROVIDENCE	State RI	Zip 02911
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.					
<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 JOHN BONAVENTURA				Date 07/02/2021	
Signature of Officer/Authorized Representative <i>John Bonaventura</i>				FILED	

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

JUL 02 2021
BY *[Signature]* B1SM1
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FORM 631 - Revised: 08/2020