



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

2021 JUL -2 P 1:14

1. Entity ID Number <b>28905</b>		2. Exact name of the Corporation <b>VERRAZZANO DAY OBSERVANCE COMMITTEE, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHARITABLE/SWOCIAL ADVOCACY ORGANIZATION, PROVIDE ANNUAL AWARDS AND GRANTS TO STUDENTS AND EDUCATIONAL/ NON-PROFIT ORGANIZATIONS</b>			
4. NAICS Code 813319 - Other Social Advocacy <input type="checkbox"/>					
6. Principal Office Address <b>42 BIRCHWOOD DRIVE</b>		City <b>NORTH PROVIDENCE</b>		State <b>RI</b>	Zip <b>02904</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN BONAVENTURA</b>			Vice-President Name		
Street Address <b>42 BIRCHWOOD DRIVE</b>			Street Address		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name <b>WENDY CIANCI</b>			Treasurer Name <b>DANIEL J. EVANGELISTA</b>		
Street Address <b>18 WINCHESTER AVENUE</b>			Street Address <b>140 FERRIS AVENUE</b>		
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ERNEST C. RICCI</b>			Director Name <b>DONALD ANGELO</b>		
Street Address <b>2 EAST PARK STREET</b>			Street Address <b>26 FORRESTWOOD DRIVE</b>		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
Director Name <b>JOSEPH A. SAURO</b>			Director Name <b>VALENTINO D. LOMBARDI</b>		
Street Address <b>26 HERBERT STREET</b>			Street Address <b>43 HUNTERS RUN</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
9. The Registered Agent information of record with the RI Department of State is accurate. 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>JOHN BONAVENTURA</b>				Date <b>07/02/2021</b>	
Signature of Officer/Authorized Representative <i>John Bonaventura</i>				<b>FILED</b>	