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.

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1. Entity ID Number	2. Exact name of the Corporation
28905	VERRAZZANO DAY OBSERVANCE COMMITTEE, INC.
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: CHARITABLE/SWOCIAL ADVOCACY ORGANIZATION, PROVIDE ANNUAL AWARDS AND GRANTS TO STUDENTS AND EDUCATIONAL/ NON-PROFIT ORGANIZATIONS
4. NAICS Code: 813319 - Other Social Advoca	

6. Principal Office Address	City	State	Zip
42 BIRCHWOOD DRIVE	NORTH PROVIDENCE	RI	02904

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOHN BONAVENTURA			Vice-President Name:		
Street Address: 42 BIRCHWOOD DRIVE			Street Address:		
City: NORTH PROVIDENCE	State: RI	Zip: 02914	City:	State:	Zip:
Secretary Name: WENDY CIANCI			Treasurer Name: DANIEL J. EVANGELISTA		
Street Address: 18 WINCHESTER AVENUE			Street Address: 140 FERRIS AVENUE		
City: NORTH SMITHFIELD	State: RI	Zip: 02896	City: RUMFPRD	State: RI	Zip: 02916

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: ERNEST C. RICCI			Director Name: DONALD ANGELO		
Street Address: 2 EAST PARK STREET			Street Address: 26 FORRESTWOOD DRIVE		
City: JOHNSTON	State: RI	Zip: 02919	City: SMITHFIELD	State: RI	Zip: 02917
Director Name: JOSEPH A. SAURO			Director Name: VALENTINO D. LOMBARDI		
Street Address: 26 HERBERT STREET			Street Address: 43 HUNTERS RUN		
City: EAST GREENWICH	State: RI	Zip: 02818	City: NORTH PROVIDENCE	State: RI	Zip: 02904

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.

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

Name of Officer/Authorized Representative: JOHN BONAVENTURA

Date: 07/02/2021

Signature of Officer/Authorized Representative: John Bonaventura

FILED
JUL 02 2021
BY
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020