



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.

FILED STAMP
 JUL 08 2021
 319045612

1. Entity ID Number 153358		2. Exact name of the Corporation Istituto Nazionale Assistenza Cittadini - Nord America, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide assistance to Italian Americas in the United States with Italian Citizenship in completing governmental forms.			
4. NAICS Code 624190 - Other Individual and <input type="checkbox"/>					
6. Principal Office Address 22 Denver Street		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Giuseppe Mazza		Vice-President Name Daniel Mazza			
Street Address 22 Denver Street		Street Address 22 Denver Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Vincenzo Mazza		Treasurer Name Anna Mazza			
Street Address 22 Denver Street		Street Address 22 Denver Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Giuseppa Mazza		Director Name Anna Mazza			
Street Address 22 Denver Street		Street Address 22 Denver Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Vincenzo Mazza		Director Name Daniel Mazza			
Street Address 22 Denver Street		Street Address 22 Denver Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Vincenzo Mazza				Date 7/2/2021	
Signature of Officer/Authorized Representative 					

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