



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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1. Entity ID Number 000026921		2. Exact name of the Corporation Aurora Civic Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Civic Association			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address 289 Broadway		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name STEVEN A. PITASSI			Vice-President Name WILLIAM BENELL		
Street Address 2 Robert Drive			Street Address 33 West River Pkwy		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02904
Secretary Name TIMOTHY J. DODD ESQ			Treasurer Name DAVID CAPRIO ESQ		
Street Address 73 East Hill Drive			Street Address 545 Ocean Road		
City Cranston	State RI	Zip 02920	City Narragansett	State RI	Zip 02882
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 checked="" type="checkbox"/></span>					
Director Name GEORGE CAPPELLO ESQ			Director Name FRANK CAPRIO		
Street Address 942 Park Avenue			Street Address 545 Ocean Road		
City Cranston	State RI	Zip 02910	City Narragansett	State RI	Zip 02882
Director Name VINCENT VESPIA			Director Name FRANK J. CENERINI		
Street Address 106 Sycamore Lane			Street Address 575 Algonquin Drive		
City Wakefield	State RI	Zip 02879	City Warwick	State RI	Zip 02888
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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Kathleen Gibbons					Date 19 January 2023
Signature of Officer/Authorized Representative <i>Kathleen A. Gibbons</i>					FILED 940 JAN 20 2023 BY MS C9VHID

## MAIL TO:

Division of Business Services

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