



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2022  
 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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2023 JAN 20 A 9:38

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 JOSEPH A. AGOSTINELLI		Director Name FRANK J. CENERINI			
Street Address 400 Meshanticut Valley Pk.#16		Street Address 575 Algonquin Drive			
City Cranston	State RI	Zip 02920	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 F. Gibbons</i>				FILED 939 JAN 20 2023 BY MS C94HP	

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