



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.

FEB 02 2023

4364

1. Entity ID Number 000051481		2. Exact name of the Corporation Silver Lake Annex Multi Purpose Community Center			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-Profit			
4. NAICS Code 624110 - Child and Youth Ser <input type="checkbox"/>					
6. Principal Office Address 529 Plainfield Street		City Providence		State RI	Zip 02909
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 Piscopiello			Vice-President Name Carl Calicchia		
Street Address 85 Fox Ridge DR			Street Address 1190 Danielson Pike		
City Cranston	State RI	Zip 02921	City N. Scituate	State RI	Zip 02857
Secretary Name Marisa Mancini			Treasurer Name Laurie Blatz		
Street Address 40 Lake Garden Dr.			Street Address 81B Valley Green Ct.		
City Cranston	State RI	Zip 02920	City N. Providence	State RI	Zip 02904
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 Michelle Cantini			Director Name Gregory Pompei		
Street Address 250 Phenix Ave.			Street Address 36 Legion Memorial Dr.		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02909
Director Name Angelica Iglioizzi			Director Name Jean D'Arezzo		
Street Address 25 Legion Memorial Dr.			Street Address 8 Sophia St		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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 Steven Piscopiello/Chairman				Date 2/1/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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