



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 06 2023

STAMP

1340

1. Entity ID Number 000096393		2. Exact name of the Corporation Pontecorvo Society, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A fraternal society promoting good will among immigrants from Pontecorvo, Italy.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 226 South Main Street		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael F. Sabitoni			Vice-President Name		
Street Address 410 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name			Treasurer Name Donato A. Bianco, Jr.		
Street Address			Street Address 410 South Main Street		
City	State	Zip	City Providence	State RI	Zip 02903
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 Michael F. Sabitoni			Director Name Donato A. Bianco, Jr.		
Street Address 410 South Main Street			Street Address 410 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Christopher A. Sabitoni			Director Name		
Street Address 226 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
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.					
<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 DONATO A. BIANCO, JR.				Date 2/3/23	
Signature of Officer/Authorized Representative					

MAIL TO:
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