



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

→ 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 APR 27 P 2:27

1. Entity ID Number 000028246		2. Exact name of the Corporation Marias Della Difesa Society of Johnston, RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable Social Club Non Profit	
4. NAICS Code 813319			
6. Principal Office Address 15 Lafayette Street		City Johnston	State RI
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph Kelley		Vice-President Name Stephen Benedetti	
Street Address 15 Cottage Street		Street Address 42 Brayton Road	
City Johnston	State RI	Zip 02919	City Smithfield
			State RI
			Zip 02918
Secretary Name John Cannavale		Treasurer Name Joseph Kelley	
Street Address 150 Barbara Street		Street Address 15 Cottage St	
City Providence	State RI	Zip 02909	City Johnston
			State RI
			Zip 02919
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 Kenneth Fette		Director Name Ronald Benedetti	
Street Address 163 Monroe Street		Street Address 5 Deepfield Drive	
City Wanskett	State RI	Zip 02888	City Weymouth
			State RI
			Zip 02898
Director Name Michael Lounsbury		Director Name Dave Atkinson	
Street Address 63 Silver Lake Ave		Street Address PO Box 91845	
City Providence	State RI	Zip 02909	City Johnston
			State RI
			Zip 02919
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative President			Date 4/27/23
Signature of Officer/Authorized Representative			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY ML

FORM 631 - Revised: 2/2023