State of Rhode Island
Department of State - Business Services Division

FILED
MAY 09 2023
BY 130 DS

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.

1. Entity ID Number	2. Exact name of the Corporation
163611	San Bernardo Society,Ltd.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To promote fraternalism and comradery among the members and their families.
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
768 Atwood Avenue	Cranston	R.I.	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Anthony Caprio			Vice-President Name: Steven Mancino		
Street Address: 2 Dexter Street			Street Address: 10 Valley View Drive		
City: Johnston	State: R.I.	Zip: 02919	City: Johnston	State: R.I.	Zip: 02919
Secretary Name: Gregory J. Marrocco			Treasurer Name: Ernest J. Masi, Jr.		
Street Address: 273 Only Arnold Road			Street Address: 51 West River Parkway		
City: Cranston	State: R.I.	Zip: 02920	City: North Providence	State: R.I.	Zip: 02904

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☑

Director Name: Jeffrey Floyd			Director Name: Richard Spicuzza		
Street Address: ! Shadowbrook Lane, Apt. A			Street Address: 7 Starling Way		
City: Smithfield	State: R.I.	Zip: 02917	City: West Warwick	State: R.I.	Zip: 02893
Director Name: Angelo Giarrusso			Director Name:		
Street Address: 18 Central Street			Street Address:		
City: Narragansett	State: R.I.	Zip: 02882	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.

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	Date
Ernest J. Masi, Jr.	**5-5-2023**

Signature of Officer/Authorized Representative: Ernest J. Masi, Jr.

MAIL TO:
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