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.

FILED
MAY 09 2023
BY 130 DS

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

FORM 631- Revised: 04/2023