



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Non-Profit Corporation

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

- 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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1. Entity ID Number <b>000791505</b>		2. Exact name of the Corporation <b>STATE OF THE STATE COMMUNICATIONS</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO EDUCATE, PROMOTE THE CIVIC AWARENESS OF THE GENERAL PUBLIC TO PROMOTE GREATER CIVIC PARTICIPATION AND OTHER RELATED MATERS</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>640 WEAVER HILL ROAD</b>		City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN M. CARLEVALE, SR.</b>		Vice-President Name			
Street Address <b>640 WEAVER HILL ROAD</b>		Street Address			
City <b>W. GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City	State	Zip
Secretary Name		Treasurer Name <b>JOHN M. CARLEVALE, SR.</b>			
Street Address		Street Address <b>640 WEAVER HILL ROAD</b>			
City	State	Zip	City <b>W. GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>
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 <b>JOHN M. CARLEVALE</b>		Director Name <b>ROY PRUET</b>			
Street Address <b>640 WEAVER HILL ROAD</b>		Street Address <b>7 GRACE AVENUE</b>			
City <b>W. GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name <b>SUSAN CAROL AIKEN</b>		Director Name <b>FRANK LOMBARDO</b>			
Street Address <b>252 PAYTON AVENUE</b>		Street Address <b>170 PROVIDENCE PIKE</b>			
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>N. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>JOHN M. CARLEVALE, SR.</b>					Date <b>7-3-2023</b>
Signature of Officer/Authorized Representative <i>John M. Carlevale</i>					<b>FILED</b>

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

JUL 03 2023  
BY *[Signature]*  
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