



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

JUL X 3 2023

3040

→ 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 <u>00028059</u>		2. Exact name of the Corporation <u>Loggia Roma #271 order of the Sons of Italy in America</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Our mission is to recognize and help worthy individuals and health organizations, who contribute to the Italian Language and it's principles. We give scholarships and donations.</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>7 Pommerville Street</u>		City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02861</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Muriel G. Heroux</u>		Vice-President Name <u>Dianne Arruda</u>	
Street Address <u>7 Pommerville Street</u>		Street Address <u>22 Patriots Way</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Seekonk</u>	State <u>MA</u> Zip <u>02771</u>
Secretary Name <u>Barbara Bourgerly</u>		Treasurer Name <u>Lorraine Elderkin</u>	
Street Address <u>11 Eisenhower Drive</u>		Street Address <u>15 Bassett Street</u>	
City <u>Smithfield</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02861</u>
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 <u>Nancy McAllister</u>		Director Name <u>Lisa A. Heroux</u>	
Street Address <u>23 Terrace Ave</u>		Street Address <u>7 Pommerville Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02861</u>
Director Name <u>Marion Lindia</u>		Director Name <u>Daniel Bandiere</u>	
Street Address <u>359 Greenwich Ave, Apt. 109</u>		Street Address <u>85 Kennedy Circle</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Hyannis</u>	State <u>MA</u> Zip <u>02601</u>
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 <u>Muriel G Heroux</u>			Date <u>6-29-23</u>
Signature of Officer/Authorized Representative <u>Muriel G Heroux</u>			

MAIL TO:
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