



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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.

REC'D RIDGEBSD  
23 SEP 25 PM 1:37:44  
MP

1. Entity ID Number 000155889		2. Exact name of the Corporation DE RADA ITALIAN INSTITUTE INC.			
3. State of Incorporation MA		5. Brief description of the character of business conducted in Rhode Island EDUCATIONAL SERVICES IN ITALIAN LANGUAGE AND CULTURE			
4. NAICS Code 999999					
6. Principal Office Address 37 Kingston Hill Court			City Kingston	State RI	Zip 02881
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Michelangelo La Luna			Vice-President Name		
Street Address 37 Kingston Hill Court			Street Address		
City Kingston	State RI	Zip 02881	City	State	Zip
Secretary Name Giovanni Braico			Treasurer Name Al-Walid El-Bermani		
Street Address 6 Elmira Street			Street Address 55 Elmwood Street		
City Brighton	State MA	Zip 02135	City Somerville	State MA	Zip 02144
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 Michelangelo La Luna			Director Name Al-Walid El-Bermani		
Street Address 37 Kingston Hill Court			Street Address 55 Elmwood Street		
City Kingston	State RI	Zip 02881	City Somerville	State MA	Zip 02144
Director Name Giovanni Braico			Director Name		
Street Address 6 Elmira Street			Street Address		
City Brighton	State MA	Zip 02135	City	State	Zip
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>Michelangelo La Luna</b>				Date <b>09-22-2023</b>	
Signature of Officer/Authorized Representative <i>Michelangelo La Luna</i>					

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

FILED

SEP 25 2023

BY

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11:39 FORM 631- Revised: 04/2023