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**State of Rhode Island
Department of State - Business Services Division**

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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.

1. Entity ID Number 000889136		2. Exact name of the Corporation The Johnny LoBello Friendship Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To raise funds to help children with cancer and their families.			
4. NAICS Code 813920					
6. Principal Office Address 51 Tartaglia Street			City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victoria LoBello			Vice-President Name John LoBello		
Street Address 51 Tartaglia Street			Street Address 51 Tartaglia Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Genevieve Ferruccio			Treasurer Name Sandra LoBello		
Street Address 51 Tartaglia Street			Street Address 51 Tartaglia Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 Victoria LoBello			Director Name John LoBello		
Street Address 51 Tartaglia Street			Street Address 51 Tartaglia Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Genevieve Ferruccio			Director Name Sandra LoBello		
Street Address 51 Tartaglia Street			Street Address 51 Tartaglia Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Victoria LoBello				Date 1/10/2024	
Signature of Officer/Authorized Representative 					

FILED

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

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