

State of Rhode Island  
Department of State - Business Services DivisionREC'D RIDOS BSD  
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Annual Report for the year: 2021

## 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Victoria LoBello		Vice-President Name John LoBello	
Street Address 51 Tartaglia Street		Street Address 51 Tartaglia Street	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Genevieve Ferruccio		Treasurer Name Sandra LoBello	
Street Address 51 Tartaglia Street		Street Address 51 Tartaglia Street	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
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 Victoria LoBello		Director Name John LoBello	
Street Address 51 Tartaglia Street		Street Address 51 Tartaglia Street	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name Genevieve Ferruccio		Director Name Sandra LoBello	
Street Address 51 Tartaglia Street		Street Address 51 Tartaglia Street	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
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>Victoria LoBello</b>			Date <b>1/10/2024</b>
Signature of Officer/Authorized Representative 			

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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BY 4E2QT

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FORM 631- Revised 04/2023