



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: **2019**

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. | | | | | |
| <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 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.n.gov

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