



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Non-Profit Corporation

APR 05 2024  
2304

- 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 RI SOS 039  
24 MAR 2024 12:39:14

1. Entity ID Number <b>26054</b>		2. Exact name of the Corporation <b>The Dante Society</b>			
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <i>The Dante Society hosts activities that promotes Italian culture</i>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>P.O. Box 155</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name <b>Edward Rossomando</b>			Vice-President Name <b>---</b>		
Street Address <b>12 W. FAIRWAY Avenue</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
Secretary Name <b>Judith Toscano</b>			Treasurer Name <b>Ray DANIEL</b>		
Street Address <b>51 JOHN STREET</b>			Street Address <b>194 MONTAUK AVENUE</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Stonington</b>	State <b>CT</b>	Zip <b>06378</b>
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</span>					
Director Name <b>PAULA MITCHELL</b>			Director Name <b>MARGARET SAND</b>		
Street Address <b>47 STATE STREET</b>			Street Address <b>38 GEORGE STREET</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>JOSEPH MORRONE</b>			Director Name		
Street Address <b>9 COLLINS AVENUE</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	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>KATHLEEN P. DANIEL, TREASURER</b>					Date <b>3/14/2024</b>
Signature of Officer/Authorized Representative <i>Kathleen P. Daniel, Treasurer</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