



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2024

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 RHODES SSB
24 MAR 20 12:38:14

1. Entity ID Number 26054		2. Exact name of the Corporation The Dante Society			
3. State of Incorporation R.I.		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 813110					
6. Principal Office Address P.O. Box 155			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Edward Rossomando			Vice-President Name ---		
Street Address 12 W. FAIRWAY Avenue			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Judith Toscano			Treasurer Name Ray DANIEL		
Street Address 51 JOHN STREET			Street Address 194 MONTAUK AVENUE		
City Westerly	State RI	Zip 02891	City Stonington	State CT	Zip 06378
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name PAULA MITCHELL			Director Name MARGARET SAND		
Street Address 47 STATE STREET			Street Address 38 GEORGE STREET		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name JOSEPH MORRONE			Director Name		
Street Address 9 COLLINS AVENUE			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
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 KATHLEEN P. DANIEL, TREASURER					Date 3/14/2024
Signature of Officer/Authorized Representative <i>Kathleen P. Daniel, Treasurer</i>					

MAIL TO:
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Website: www.sos.ri.gov