



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

**FILED**  
**APR 25 2024**  
**BY Y 19171**

**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 <b>63422</b>	2. Exact name of the Corporation <b>Corporation 67</b>
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island <b>Services for Elderly. Non Profit Fraternal Society. Title holding entity to property and income of every kind.</b>
4. NAICS Code <b>624120</b>	

6. Principal Office Address <b>51 Tartaglia Street</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Ann Nencka</b>			Vice-President Name <b>Angela Goff</b>		
Street Address <b>10 Aldich Ave.</b>			Street Address <b>207 Webster Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name <b>Sandra LoBello</b>			Treasurer Name <b>Sandra LoBello</b>		
Street Address <b>51 Tartaglia Street</b>			Street Address <b>51 Tartaglia Street</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <b>Helen Amstelli</b>			Director Name <b>Edward Pelletier</b>		
Street Address <b>10 Aldich Ave.</b>			Street Address <b>258 Windward Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Somerset</b>	State <b>MA</b>	Zip <b>02120</b>
Director Name <b>John LoBello</b>			Director Name <b>Charles M. Cavallaro</b>		
Street Address <b>51 Tartaglia Street</b>			Street Address <b>6Hebdeen Street</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>

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.**

*This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.*

Name of Officer/Authorized Representative <b>Sandra LoBello</b>	Date <b>4/23/24</b>
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Signature of Officer/Authorized Representative  
*Sandra LoBello*

**MAIL TO:**  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)