State of Rhode Island
Department of State - Business Services Division

FILED
APR 26 2024
BY

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	2. Exact name of the Corporation
000028168	Madonna Del Rosario Society
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Fraternal Organization.
4. NAICS Code: 813920	

6. Principal Office Address	City	State	Zip
17 Rosario Drive	Providence	RI	02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Joseph Santilli			Vice-President Name: Gary Paplauskas		
Street Address: 21 Taylor Road			Street Address: 20 Barbato Drive		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: John Campanini Jr.			Treasurer Name: Frank Ciccone		
Street Address: 201 Sisson St.			Street Address: 15 Mercy Street		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909

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

Director Name: Kenneth Marandola			Director Name: Ronald Beaumier		
Street Address: 230 Lexington Avenue			Street Address: 29 Greenville Avenue		
City: No. Providence	State: RI	Zip: 02904	City: Johnston	State: RI	Zip: 02919
Director Name: Joseph Santilli			Director Name: John P. Almagno		
Street Address: 21 Taylor Road			Street Address: 3 Midwestern Circle		
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.

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	Date
Frank A. Ciccone	4/18/24

Signature of Officer/Authorized Representative: TREASURER

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov