



State of Rhode Island
Department of State - Business Services Division

FILED

APR 26 2024

BY *[Signature]*

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 000028168		2. Exact name of the Corporation 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 17 Rosario Drive			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) <input type="checkbox"/> 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. <input type="checkbox"/> 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.					
<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 Frank A. Ciccone					Date 4/19/24
Signature of Officer/Authorized Representative <i>[Signature]</i> 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