



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **NONE2024**

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.

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1. Entity ID Number <b>00028905</b>		2. Exact name of the Corporation <b>VERRAZZANO DAY OBSERVANCE COMMITTEE, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHARITABLE ADVOCACY ORGANIZATION PROVIDE ANNUAL AWARDS AND GRANTS TO STUDENTS AND EDUCATIONAL AND NON PROFIT ORGANIZATIONS</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>4 HERITAGE DRIVE</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOSEPH CALABRO</b>			Vice-President Name <b>NONE</b>		
Street Address <b>4 HERITAGE DRIVE</b>			Street Address		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Secretary Name <b>SUSANN DELAROSA</b>			Treasurer Name <b>DANIEL EVANGELISTA</b>		
Street Address <b>60 DON AVENUE</b>			Street Address <b>140 FERRIS AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</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 <input type="checkbox"/></span>					
Director Name <b>DONALD ANFELO</b>			Director Name <b>ERNEST RICCI, JR.</b>		
Street Address <b>26 FORRESTWOOD DRIVE</b>			Street Address <b>2 EAST RARK STREET</b>		
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
Director Name <b>VALENTINO D. LOMBARDI</b>			Director Name <b>JOHN BONAVENTURA</b>		
Street Address <b>43 HUNTERS RUN</b>			Street Address <b>42 BIRCHWOOD AVENUE</b>		
City <b>NORTH PROVIDENC</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROVIDENC</b>	State <b>RI</b>	Zip <b>02904</b>
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>JOSEPH CALABRO</b>					Date <b>05/28/2024</b>
Signature of Officer/Authorized Representative <i>Joseph Calabro</i>					<b>MAY 29 2024</b>

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

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