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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

\rightarrow	Penalty:	Additional	\$25.00	fee if form	is not	filed by	May	31.
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1. Entity ID Number	- age anomalian order of									
000028059	THE SONS OF I taly in AMERICA									
State of Incorporation	5. Brief description of the ch	hamatar	of business conducted in Dhada lat							
RhodEIsland	5. Brief description of the character of business conducted in Rhode Island OUR MISS, L'S TO FECOGNISE and help wonthy Individuals and Health organisations, who containsute to The Italian Language and its princeple									
4. NAICS Code	to The Italia	em l	Language	ho contaibute						
8133 1'9	WE give scholarships and donations.									
6. Principal Office Address			City	State Zip						
7 Pommenuille strest			Pautucket	RI 52.861						
7. List ALL officers (names and add	resses)		Check the	box to indicate an attachment						
President Name MUPIEL G. HEROUR			Vice-President Name							
Street Address 7 Pommenville Street City			Street Address 22 Patriots Way							
7 FOM MEN	VII(E) Tree	7	22 Patr	ots Way						
Pawtucket	RI 0286	61	CHY SEEKONK	State Zip 0277/						
Secretary Name, Barbaro	Bourger	,	Treasurer Name							
Street Address	27,327	/ 	Lornaine Elder Kin							
MELSENHOU	HER Drive	{	15 Basset	t Street						
city 5 mithfield	State RI Zip 029	17	City Pautuck et	State RI Zip 02861						
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.										
				box to indicate an attachment						
Director Name Nahcy Mc	Allister		Director Name Lisa A. HEroux							
Street Address 23 TErro			Street Address 7 Pomm & n Vill & St.							
Providence	State RT Zip 29	09	CipPawtucket	State RT Zip						
Director Name	1		Director Name							
Marian	Ludla		Daniel Bandiere							
Street Address 359 GREHW	ICH AVE APTIC	09	Street Address 85 KERNEdy CINCLE							
City WarWILK	State RI Zip 028	7/	City	State Zip						
9. The Registered Agent information		_		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, duty Authorized Representative, Receiver or Trustee.										
Name of Officer/Authorized Represe		_		Date						
MUriEL G.	HEroux		7-3-24							
Signature of Officer/Authorized Representative										
Signature of Officer/Authorized Representative Mail TO:										
MAIL TO:										

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov