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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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: 000026052	2. Exact name: DANTE ALIGHIERA SOCIAL CLUB
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Social Club
4. NAICS Code: 722410	
6. Principal Office Address: 85 Pequot Road	City: Lawt State: RI Zip: 02860

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Jean Vitali	Vice-President Name: Marcus Vitali
Street Address: 43 Langdon Avenue	Street Address: 43 Langdon Ave
City: Pawtucket State: RI Zip: 02861	City: Lawt. State: RI Zip: 02861
Secretary Name: Marcus Vitali Jr.	Treasurer Name: Jean Vitali
Street Address: 39 Oak Ave	Street Address: 43 Langdon Ave
City: S. Attleboro State: MA Zip: 02703	City: Lawt. State: RI Zip: 02861

Check the box to indicate an attachment ☐

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Director Name: Jean Vitali	Director Name: Marcus Vitali Sr.
Street Address: 43 Langdon Ave	Street Address: 43 Langdon Ave
City: Lawt. State: RI Zip: 02861	City: Lawt. State: RI Zip: 02861
Director Name: Marcus Vitali Jr.	Director Name: Jean Vitali
Street Address: 39 Oak Ave	Street Address: 43 Langdon Ave
City: Lawt. State: RI Zip: 02861	City: Lawt. State: RI Zip: 02861

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: Jean Vitali Date: 1/14/2025

Signature of Officer/Authorized Representative: Jean B Vitali

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

FILED 1:57
JAN 14 2025
BY WFP57

FORM 631- Revised: 04/2023

CBN