



State of Rhode Island  
Department of State - Business Services Division

**FILED**

FEB 17 2025

BY 115 ex

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 <b>29401</b>		2. Exact name of the Corporation <b>WARWICK MALL MERCHANTS ASSOCIATION</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>ADVERTISING</b>			
4. NAICS Code <b>813910</b>					
6. Principal Office Address <b>400 BALD HILL RD, SUITE 100</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</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>ANTONINO RIZZO</b>			Vice-President Name <b>MICHAEL JARDIN</b>		
Street Address <b>89 LOCKWOUT AVE</b>			Street Address <b>19 BENJAMIN DRIVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>FERNANDO MARTINEZ</b>			Treasurer Name		
Street Address <b>1548 CRANSTON STREET</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
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>DOMENIC SCHIAVONE</b>			Director Name <b>LISA REGAN</b>		
Street Address <b>25 COUNCIL ROCK ROAD</b>			Street Address <b>13 SANDY WAY</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02804</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>DOMENIC SCHIAVONE</b>				Date <b>1/13/25</b>	
Signature of Officer/Authorized Representative 					