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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 28 2025
BY

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	2. Exact name of the Corporation
0001761826	Armand E. Sabitoni Charitable Foundation
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To engage in any other lawful activity for which corporations may be organized under the Non-Profit Corporations Act that is consistent with Section 501(c)(4) of the Internal Revenue Code.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
226 South Main Street	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Armand E. Sabitoni			Vice-President Name		
Street Address: 226 South Main Street			Street Address		
City: Providence	State: RI	Zip: 02903	City	State	Zip
Secretary Name: Christopher A. Sabitoni			Treasurer Name: Donato A. Bianco, Jr.		
Street Address: 226 South Main Street			Street Address: 226 South Main Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Armand E. Sabitoni			Director Name: Donato A. Bianco, Jr.		
Street Address: 226 South Main Street			Street Address: 226 South Main Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Director Name: Christopher A. Sabitoni			Director Name: Vincent R. Masino		
Street Address: 226 South Main Street			Street Address: 226 South Main Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

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	Date
Christopher A. Sabitoni	1/15/2025

Signature of Officer/Authorized Representative

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

FORM 631- Revised. 12/2023