



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.

FILED
APR 07 2025
BY 40414

1. Entity ID Number 000153358		2. Exact name of the Corporation Istituto Nazionale Assistenza Cittadini - Nord America, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide assistance to Italian Americans in the United States with Italian Citizenship in completing governmental forms			
4. NAICS Code 624190					
6. Principal Office Address 22 Denver Street			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Giuseppe Mazza			Vice-President Name Daniel Mazza		
Street Address 22 Denver Street			Street Address 22 Denver Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Vincenzo Mazza			Treasurer Name Anna Mazza		
Street Address 22 Denver Street			Street Address 22 Denver Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Giuseppe Mazza			Director Name Anna Mazza		
Street Address 22 Denver Street			Street Address 22 Denver Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Vincenzo Mazza			Director Name Daniel Mazza		
Street Address 22 Denver Street			Street Address 22 Denver Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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.					
<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 Vincenzo Mazza				Date 3-31-25	
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.n.gov