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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: 000267984 | 2. Exact name of the Corporation: MAYOR CHARLES LOMBARDI HOLIDAY, CHARITABLE, AND SCHOLARSHIP FUND |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: AIDING & ASSISTING PEOPLE VARIOUS MEANS OF AID (MOSTLY FINANCIAL) IN SCHOOL SCHOLARSHIPS AND AT HOLIDAYS (VIZ. CHRISTMAS, EASTER AND OTHER TIMES THRU THE YEAR |
| 4. NAICS Code: 813410 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 17 TWINS LANE | NO. PROVIDENCE | RI | 02904 |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: CHARLES A. LOMBARDI | | | Vice-President Name: CAROL LOMBARDI | | |
| Street Address: 13 EVERGREEN PKWY | | | Street Address: 13 EVERGREEN PKWY | | |
| City: NO. PROV. | State: RI | Zip: 02904 | City: NO. PROV. | State: RI | Zip: 02904 |
| Secretary Name: ROSEMARY ANDREOZZI | | | Treasurer Name: JOSEPH D. ANDREOZZI | | |
| Street Address: 17 TWINS LANE | | | Street Address: 17 TWINS LN. | | |
| City: NO. PROV. | State: RI | Zip: 02904 | City: NO. PROV. | State: RI | Zip: 02904 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: CHARLES A. LOMBARDI | | | Director Name: CAROL LOMBARDI | | |
| Street Address: 13 EVERGREEN PKWY | | | Street Address: 13 EVERGREEN PKWY | | |
| City: N. PROV | State: RI | Zip: 02904 | City: N. PROV | State: RI | Zip: 02904 |
| Director Name: ROSEMARY ANDREOZZI | | | Director Name: JOSEPH ANDREOZZI | | |
| Street Address: 17 TWINS LANE | | | Street Address: 17 TWINS LANE | | |
| City: N. PROV | State: RI | Zip: 02904 | City: N. PROV | State: RI | Zip: 02904 |

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 |
|---|---|
| JOSEPH D. ANDREOZZI | 5-7-25 |

Signature of Officer/Authorized Representative: J. D. Andreozzi

**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**
MAY 09 2025
BY AALEW3

FORM 631- Revised: 12/2023