RI SOS Filing Number: 202576661540 Date: 7/2/2025 4:00:00 PM

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.

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1. Entity ID Number	2. Exact name of the Corporation	3. State of Incorporation	4. NAICS Code	5. Brief description of the character of business conducted in Rhode Island
000028059	Loggia Roma #271 Order of The Sons of Italy in America	Rhode Island	813319	Our Mission is to recognize and help worthy Individuals and health organizations, who contribute to the Italian Language and it's principles. We give scholarships and donations.

6. Principal Office Address	City	State	Zip
7 Pommenville Street	Pawtucket	RI	02861

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

President Name	Street Address	City	State	Zip
Muriel G. Heroux	7 Pommenville Street	Pawtucket	RI	02861

Vice-President Name	Street Address	City	State	Zip
Dianne Arruda	22 Patriots Way	Seekonk	MA	02771

Secretary Name	Street Address	City	State	Zip
Barbara Bourgery	11 Eisenhower Drive	Smithfield	RI	02917

Treasurer Name	Street Address	City	State	Zip
Lorraine Elderkin	15 Bassett Street	Pawtucket	RI	02861

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

Director Name	Street Address	City	State	Zip
Lisa A. Heroux	7 Pommenville Street	Pawtucket	RI	02861

Director Name	Street Address	City	State	Zip
Nancy Mc Allister	23 Terrace Ave	Providence	RI	02909

Director Name	Street Address	City	State	Zip
Marian Lindia	359 Greenwich Ave, Apt 109	Warwick	RI	02886

Director Name	Street Address	City	State	Zip
Daniel Bandiera	85 Kennedy Circle	Hyannis	MA	02601

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
Muriel G. Heroux	6-3-25

Signature of Officer/Authorized Representative: Muriel G Heroux

FILED
JUL 02 2025
BY 3047

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