

## State of Rhode Island Department of State - Business Services Division

2025 Annual Report for the year:

Non-Profit	Corporation	
→ Filing peri	od: February 1 - M	fav 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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THE DEPT. OF STATE
RHS SVCS DIV

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1. Entity ID Number	2. Exact name of	the Corporation	Loggia Romi	a #	271,000de	not	
000028059	2. Exact name of the Corporation Loggia Roma #27/20648460 P						
3. State of Incorporation	<ol><li>Brief description</li></ol>	on of the character	of business conducted in Rh	node Isla	and Ou R M	LSS ion	
Phode Island	is to recognise and HELP worth y Individuals					als	
4. NAICS Code	and hearth organisations, who contribute to						
0.12210	The Italian Language and it's principles,						
813319 WEGIVE SCHOL & CShips and donations.  6. Principal Office Address City State Zip							
• ·		P. T. W.	<del>,</del>	D T	02861		
7 POMMENVILLE STREET				7 1			
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name  MUPLEL G, HEROUX		Vice-President Name DIanne Annuda					
Street Address 7 Pammenyille Street Street Address 22 Patriots Wa							
1/0/mmEn	VLLLZ ;			. r L C		Zíp	
Pawtucket	State RI	2861	SEEKONK		State MA	02771	
Secretary Name Barbard	~ Bour	~aEnt	Treasurer Name	in E	Elderk	in	
Street Address		Street Address 15 Basset Street					
11 Eisenha		ュレ <i>ひと</i> .	15 Mass	5EF			
City +1 N.Cl)	State R ±	02917	CIND WY TUCKET	-	State RT	2861	
UMCLHTITIA	_		1000 0000			1 5/101	
Smithfield  8. List ALL directors (names and ac			t at least THREE directors.				
8. List ALL directors (names and ad			t at least THREE directors.		box to indicate an a		
8. List ALL directors (names and ac	ddresses). RI Corp	orations MUST lis	t at least THREE directors.  O  Director Name	Check the	box to indicate an a	attachment	
Director Name Lisa A.	HEROU	orations MUST lis	Director Name  Name  Street Address	Check the	Allis-	attachment _	
Director Name Lisa A.  Street Address  Tommen	HEROU  VILLE S	orations MUST lis メ ナバモモナ	Director Name  Nancy  Street Address	Check the	Allis-	ettachment□ E	
Director Name Lisa A.	HEROU	orations MUST lis	Director Name  Name  Street Address	Check the	Allis-	ettachment   E  Zip	
Director Name  Director Name  Lisa A.  Street Address  City P  City P  Director Name	HEROU  VILLES	orations MUST lis メ ナバモモナ	Director Name  Nancy  Street Address  City  Director Name  Director Name	Check the	Allis-	EZip	
Director Name Lisa A.  Street Address Tommen  City Pautuckst  Director Name  Marian	HEROU  VILLES	orations MUST lis メ ナバモモナ	Director Name  Nancy  Street Address  City  Director Name  Director Name  Dance	Check the	Allis-	EZip	
Director Name  Lisa A.  Street Address  City Paytuckst  Director Name  Marian  Street Address	HEROU  LILE S  State  Lindia	orations MUST lis メ ナバモモナ	Director Name  Nancy  Street Address  City  Director Name  Director Name	Check the	Allis-	EZip	
Director Name Lisa A.  Street Address  City Pautuckst  Director Name  Marian  Street Address  359 Green Will  City	HEROU  LILE S  State  Lindia	treet  Zip 02861	Director Name  Nancy  Street Address  City  Director Name  Director Name  Dance	Check the	Allis-	EZip 02909	
Director Name Lisa A.  Street Address  City Pawtuckst  Director Name  Marian  Street Address  359675500016	HEROU  LILES  State  LINGLO  State  RT  State  RT	crations MUST list  treet  Zip 02861  - 109  Zip 2886	Director Name  Nancy  Street Address  23 Tel  City  Pouldence  Director Name  Dance  Street Address  City  City  City  Address  Street Address  City  Address  Street Address	Ma Ma B	Allis- CE AV State Andier Cicl State MA	EZip 02909	
Oirector Name Lisa A.  Street Address Pommen  City Pawtuckst  Director Name  Marian  Street Address  359 Green Wick  City Warwick	HEROU  VILLE S  State  LUNCE  LAUE  APPL  The of record with the	treet  Zip 02861  Zip 209  Zip 2866  e RI Department of	Director Name  Nancy  Street Address  City  Director Name  Director Name  Dance  Street Address  Street Address  City  City  Address  Street Address  Street Address  Street Address  City  Address  City  Address  City  City	Ma B B crequire	Allis- CE AV  State AND CE P  C'CI  State M A  filing Form 641.	EZip 02909	
Director Name  Lisa A.  Street Address  City Pawtuckst  Director Name  Marian  Street Address  359 Green Wick  City Warwick  9. The Registered Agent information	Iddresses). RI Corporation of record with the read affirm that	treet Zip 2861  Zip 2866  RI Department of these examined	Director Name  Nancy  Street Address  City  Director Name  Director Name  City  City  City  City  City  Street Address  Street	Ma B B crequire	Allis- CE AV  State AND CE P  C'CI  State M A  filing Form 641.	EZip 02909	
Director Name  Lisa A.  Street Address  City Pawtuckst  Director Name  Maria  Street Address  359 Green Wick  City Warwick  9. The Registered Agent information  Under penalty of perjury, I declar	HEROU  VILLE S  State  LAUE, APL  State  R  State  LAUE, APL  on of record with the  re and affirm that  nots contained here	I have examined ein are true and	Director Name  Nancy  Street Address  City  Director Name  Director Name  Dantel  Street Address  Street Address  Street Address  Street Address  Street Address  City  Hyahhis  State is accurate. Changes  this report, including any accorrect.	B comp	Allis- CE AV  State T  and CE r  C/C/  State M A  filing Form 641.  anying schedule	EZip 02909	
Director Name  Lisa A.  Street Address  City Pautuckst  Director Name  Marian  Street Address  359 Green Wick  City  Warwick  9. The Registered Agent information  Under penalty of perjury, I declar  statements, and that all statements	HEROU  LIE  State  LAUE  AUE  AUE  AUE  AUE  AUE  AUE  AU	I have examined ein are true and	Director Name  Nancy  Street Address  City  Director Name  Director Name  Dantel  Street Address  Street Address  Street Address  Street Address  Street Address  City  Hyahhis  State is accurate. Changes  this report, including any accorrect.	B comp	State  State  A I I I S  C E A V  State  A I C E C  C   C    State  M A  filing Form 641.  anying schedule  ve, Receiver or Trustee  Date	EZip 02909	
Director Name  Director Name  Lisa A  Street Address  City Pawtuckst  Director Name  Maria  Street Address  359 Green Wic  City  9. The Registered Agent information  Under penalty of perjury, I declar  statements, and that all statement  This report must be signed by either the Press  Name of Officer/Authorized Repress  Murie L. G.	HEROU  LIE  State  LIE  State	zip 286 e RI Department of I have examined secretary, Assistant Secretary	Director Name  Nancy  Street Address  City  Director Name  Director Name  Dantel  Street Address  Street Address  Street Address  Street Address  Street Address  City  Hyahhis  State is accurate. Changes  this report, including any accorrect.	B comp	Allis- CE AV  State And CE P  Cicl State M A  filing Form 641.  anying schedule  ve, Receiver or Trustee	EZip 02909  Zip 02601  Zip 02601	
Director Name  LISA ALL directors (names and according to the proof of	HEROU  LIE  State  LIE  State	zip 286 e RI Department of I have examined secretary, Assistant Secretary	Director Name  Nancy  Street Address  City  Director Name  Director Name  Dantel  Street Address  Street Address  Street Address  Street Address  Street Address  City  Hyahhis  State is accurate. Changes  this report, including any accorrect.	is require	State A V  State A V  State A V  State A M A  filing Form 641.  anying schedule  ve. Receiver or Trustee  Date  6-3-2	EZip 02909  Zip 02601  Zip 02601	
Director Name  Director Name  Lisa A  Street Address  City Pawtuckst  Director Name  Maria  Street Address  359 Green Wic  City  9. The Registered Agent information  Under penalty of perjury, I declar  statements, and that all statement  This report must be signed by either the Press  Name of Officer/Authorized Repress  Murie L. G.	HEROU  LIE  State  LIE  State	zip 286 e RI Department of I have examined secretary, Assistant Secretary	Director Name  Nancy  Street Address  City  Director Name  Director Name  Dantel  Street Address  Street Address  Street Address  Street Address  Street Address  City  Hyahhis  State is accurate. Changes  this report, including any accorrect.	is require	State  State  A I I I S  C E A V  State  A I C E C  C   C    State  M A  filing Form 641.  anying schedule  ve, Receiver or Trustee  Date	EZip 02909  Zip 02601  Zip 02601	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

M 631- Revised: 12/2023