



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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 SECRETARY OF STATE  
 CORPORATIONS DIV.

2019 JAN -3 PM 12:56

Annual Report for the year: 2018 Amended  
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>29089</b>		2. Exact name of the Corporation <b>SOCIETA MUTUO SOCCORSO MARIA SANTISSIMA DELLA CARITA</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHARITABLE ORGANIZATION</b>	
4. NAICS Code <b>813219</b>			
6. Principal Office Address <b>345 ADMIRAL ST.</b>		City <b>PROV.</b>	State <b>RI</b>
		Zip <b>02908</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>RICHARD PISTONE</b>		Vice-President Name <b>ALBERT GRILLI</b>	
Street Address <b>2 LORI ELLEN DR</b>		Street Address <b>40 DOUGLAS AVE</b>	
City <b>SMITHFIELD</b>	State <b>RI</b>	City <b>N PROV</b>	State <b>R.I.</b>
Zip <b>02917</b>		Zip <b>02904</b>	
Secretary Name <b>ALBERT GRILLI</b>		Treasurer Name <b>RAYMOND IANUCCI</b>	
Street Address <b>40 DOUGLAS TERRACE</b>		Street Address <b>34 SEAMENS ST.</b>	
City <b>N PROV</b>	State <b>RI</b>	City <b>PROV.</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02908</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>MICHAEL FAVICCHIO</b>		Director Name <b>JOHN POLOSKI</b>	
Street Address <b>66 HUNTERS RUN</b>		Street Address <b>156 STANBRIDGE DR.</b>	
City <b>N PROV</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>R.I.</b>
Zip <b>02904</b>		Zip <b>02886</b>	
Director Name <b>JAMES BERNARDO</b>		Director Name	
Street Address <b>145 GENTIAN AVE</b>		Street Address	
City <b>PROV.</b>	State <b>R.I.</b>	City	State
Zip <b>02908</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either: the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <b>RICHARD PISTONE PRES</b>			Date <b>1/3/19</b>
Signature of Officer/Authorized Representative <i>Richard Pistone</i>			<b>FILED</b>

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

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BY CR ZRB6A



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

January 03, 2019 12:56 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

