



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2022
 Non-Profit Corporation

JAN 26 2022

BY [Signature]

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

ST. ANTHONY SOCIETY

1. Entity ID Number <u>29085</u>		2. Exact name of the Corporation <u>SOCIETA' DI MUTUA SOCCORSO DI S. ANTONIO DA PADOVA</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Social Club</u>			
4. NAICS Code <u>813319</u>					
6. Principal Office Address <u>637 CHARLES STREET</u>		City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Ralph Narducci</u>			Vice-President Name <u>Nicholas Narducci</u>		
Street Address <u>373 HAWKINS STREET</u>			Street Address <u>20 PROTHY AVE.</u>		
City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>
Secretary Name <u>John Mancone</u>			Treasurer Name <u>Agostino A. Antonucci</u>		
Street Address <u>76 WEST RIVER PARKWAY</u>			Street Address <u>12 Cindy Circle</u>		
City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>JOHNSTON</u>	State <u>R.I.</u>	Zip <u>02919</u>
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 <u>ROBERT FERRARO</u>			Director Name <u>MICHAEL PANZARELLA</u>		
Street Address <u>40 MEADOW VIEW BLVD.</u>			Street Address <u>7 ALFRED DRIVE</u>		
City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>No Providence</u>	State <u>R.I.</u>	Zip <u>02911</u>
Director Name <u>LUIGI STANZIALE</u>			Director Name <u>ALBERT SCATTO</u>		
Street Address <u>31 FORSYTH ST.</u>			Street Address <u>4 LAKE DRIVE</u>		
City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02908</u>	City <u>No Providence</u>	State <u>R.I.</u>	Zip <u>02904</u>
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.					
<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 <u>Agostino A. Antonucci</u>				Date <u>1/24/2022</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>					