

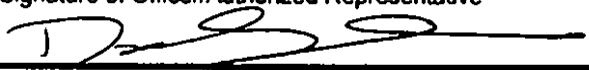


State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2022  
 Non-Profit Corporation

FEB 07 2022 *02*  
 13020

- 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<br><b>29401</b>  |                 | 2. Exact name of the Corporation<br><b>WARWICK MALL MERCHANTS ASSOCIATION</b>                     |   |                        |                     |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>ADVERTISING</b> |   |                        |                     |
| 4. NAICS Code<br>813910 - Business Associations  |                 |   |   |                        |                     |
| 6. Principal Office Address<br><b>400 BALD HILL RD SUITE 100</b>   |                 |   | City<br><b>WARWICK</b>                    | State<br><b>RI</b>     | Zip<br><b>02886</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>KATHLEEN IREY</b>  |                 |   | Vice-President Name <b>ANTONINO RIZZO</b> |                        |                     |
| Street Address <b>22 BRENDARD AVE</b>  |                 |   | Street Address <b>89 LOOKOUT AVE</b>      |                        |                     |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02886</b>  | City <b>CRANSTON</b>                      | State <b>RI</b>        | Zip <b>02920</b>    |
| Secretary Name <b>MICHAEL JARDINS</b>  |                 |   | Treasurer Name                            |                        |                     |
| Street Address <b>19 BENJAMIN DR</b>   |                 |   | Street Address                            |                        |                     |
| City <b>N. PROVIDENCE</b>  | State <b>RI</b> | Zip <b>02904</b>  | City                                      | State                  | Zip                 |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |   |                        |                     |
| Director Name <b>DOMENIC SCHIAVONE</b>   |                 |   | Director Name <b>KATHLEEN IREY</b>        |                        |                     |
| Street Address <b>270 COLONY ST</b>  |                 |   | Street Address <b>22 BRENDARD AVE</b>     |                        |                     |
| City <b>CRANSTON</b>   | State <b>RI</b> | Zip <b>02920</b>  | City <b>WARWICK</b>                       | State <b>RI</b>        | Zip <b>02886</b>    |
| Director Name <b>ANTONINO RIZZO</b>  |                 |   | Director Name                             |                        |                     |
| Street Address <b>89 LOOKOUT AVE</b>   |                 |   | Street Address                            |                        |                     |
| City <b>CRANSTON</b>   | State <b>RI</b> | Zip <b>02920</b>  | City                                      | State                  | Zip                 |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                 |   |   |                        |                     |
| <i>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.</i>        |                 |   |   |                        |                     |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>   |                 |   |   |                        |                     |
| Name of Officer/Authorized Representative<br><b>DOMENIC SCHIAVONE</b>  |                 |   |   | Date<br><b>6/18/22</b> |                     |
| Signature of Officer/Authorized Representative<br>   |                 |   |   |                        |                     |

MAIL TO:  
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