RI SOS Filing	Number: 202	2215380740	Date: 4	14/2022 4:00:0	00 PM	
State of Rhode Island Department of State	te - Busines:	s Services Di	vision			
Annual Report for the year: Non-Profit Corporation → Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if the second second second second second second second second second sec				R.I. DE BUS 2022 APR 1	ECEIVED PT. OF STATE	S To
1. Entity ID Number	2. Exact name of	of the Corporation		····	17.5.5	
000026052	DANTE ALIGHIELA SOCIAL CLUB					
3. State of Incorporation 12 (e 33) Rhode Holand	5. Brief description of the character of business conducted in Rhode Island Social Club					
4. NAICS Code 722410	TIELE 7-CL					
6. Principal Office Address 43 Langdon	Avenue		City	unuket	State RT	Zip U2841
7. List ALL officers (names and add	resses)	•			Check the box to ind	icate an attachment
President Name Jean B Vitali			Vice-President Name Marcus Vitau			
Street Address 43 Rang don Avenue			Street Address H3 Lang dox frence			
City Pawnuket	State	Zip 02861	City	Your.	State	Zip 0284/
Secretary Name Marcus Vita	_		Treasurer	Name B	Vitar.	
Street Address 39 OAK CWE			Street Address 43 Langilon Ave			
city South attlebook	State MA	zip 12.703	City	Pawr.	State	Zip 0286/
8. List ALL directors (names and ad	ldresses), RI Coη	porations MUST lis	it at least T	HREE directors.	Check the box to ind	icate an attachment
Director Name Dean Vitali			Director Name Maccus Vitali Ja			
Street Address/ Langton Curnul			Street Add	Iress 39 Da	& liven	ul
City Part.	State	2ip 07861	City of	Sout Mi	t. State 1.A	zi02703
Director Name Museus Ital			Director Name			
Street Address 43 Pansdon live			Street Address			
City Pare T	State /	Zip 02841	City		State	Zip
9. The Registered Agent information	n of record with th		of State is a	ocurate. Changes re	equire filing Form 64	1.
Under penalty of perjury, I declar statements, and that all statemen				rt, including any ac	companying sched	dules and
This report must be signed by either the Pres		Secretary, Assistant Sec	cretery, Treasi	irer, duly Authorized Repre	esentative, Receiver or Tr	ustee.
Name of Officer/Authorized Repres	entative / Vitule				Date //3 /	2022
Signature of Officer/Authorized Rep		 		FILED	1/10/	1422

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

JEAN

Website: www.sos.n.gov

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