



State of Rhode Island
Department of State - Business Services Division

JUN 01 2022

3037

Annual Report for the year: 2022
Non-Profit Corporation

- 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 000028059		2. Exact name of the Corporation Loggia Roma #271 Order of THE Sons of Italy in America	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Our mission is to recognize and help worthy individuals and health organizations, who contribute to the Italian language and its principles. We give scholarships and donations.	
4. NAICS Code 813319			
6. Principal Office Address 7 Pommerville Street		City PAWTUCKET	State RI
		Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MURIEL G. HEROUX		Vice-President Name DIANNE ARRUDA	
Street Address 7 Pommerville Street		Street Address 22 Patriots Way	
City PAWTUCKET	State RI	City SEEKONK	State MA
	Zip 02861		Zip 02771
Secretary Name Barbara Bourgety		Treasurer Name Lorraine Elderkin	
Street Address 11 Eisenhower Drive		Street Address 15 Bassett Street	
City Smithfield	State RI	City PAWTUCKET	State RI
	Zip 02917		Zip 02861
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 Nancy McAllister		Director Name Lisa A. Heroux	
Street Address 23 Terrace Ave		Street Address 7 Pommerville St.	
City Providence	State RI	City PAWTUCKET	State RI
	Zip 02909		Zip 02861
Director Name Marion Lindia		Director Name Daniel Bandiere	
Street Address 259 Greenwich Ave, Apt 109		Street Address 85 Kennedy Circle	
City Warwick	State RI	City Hyannis	State MA
	Zip 02886		Zip 02601
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.			
<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 MURIEL G. HEROUX			Date 5-26-22
Signature of Officer/Authorized Representative <i>Muriel G. Heroux</i>			

MAIL TO:
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Website: www.sos.ri.gov