RI SOS Filing Number: 202224392840 Date: 10/31/2022 9:31:00 AM



State of Rhode Island

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE PUS SYCS DIV

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Annual Report for the year:	70000
Non-Profit Corporation	2023

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corpora	ation	<u> </u>	-
000028246	Maria S.S.	Della Dilesa Si	ociaty of the	D. notes
3. State of Incomporation	5. Brief description of the cha	racter of business conducted in Rh	ode Island ()	——————————————————————————————————————
Ref	Charatable	Social Clab No	on front	
4. NAICS Code				
813319			O	
6. Principal Office Address	1 1	City	Stayte	Zip
	tree	Johnston	KT	02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment				
President Name	leu	Vice-President Name	enedetti	
Street Address Callage	3	Chance & days	Road	·
	State Zip 27	O City C 41 1 1	State	Zip A A
Secretary Name	1001	·	102	102919
John Jacker	tale	Treasurer Name	مركال	•
Street Address 150 Barbara	Strat	Street Address	27.07	
City Tank	State Zip 0396		State	2ig 2919
)	<u> </u>	16371
8. List ALL directors (names and ad	dresses). RI Corporations MU	ST list at least THREE directors.		
8. List ALL directors (names and ad	dresses). RI Corporations MU	ST list at least THREE directors.	Check the box to indica	7
Director Name Don Eula	dresses). RI Corporations MU	Director Name	Check the box to indica	ate an attachment
	dresses). RI Corporations MU	ST list at least THREE directors. Director Name	144 1 - 1 40	ate an attachment
Director Name On Eula Street Address	dresses). RI Corporations MU	Director Name YSOn	144 1 - 1 40	ate an attachment
Street Address City Genville Director Name	dresses). RI Corporations MU	Director Name y Son Street Address	Mikulax res Are	ate an attachment
Director Name Street Address City City Director Name David Street Address City Cit	State Zing 280	Director Name Cyson Street Address City City	Mikulax res Are	ate an attachment
Street Address City Genville Director Name David Ruse	Sing Zing	Director Name Street Address City Director Name Street Address	Mikula X Tres Ark State	Zip
Director Name Street Address City City Director Name David Street Address Street Address City Street Address City City Street Address City Cit	State Zing 31	Director Name Street Address City Director Name Street Address City	Mukula X Iren Ank State	Zip 905
Director Name Street Address City Director Name David Street Address City Street Address The Registered Agent information	State Zing 3 1 1 of record with the RI Department	Director Name Street Address City Director Name Street Address City City	State State require filing Form 641.	Zip
Street Address City Director Name City Street Address City Street Address City 9. The Registered Agent information Under penalty of perjury, I declare statements, and that all statement	State Zing Zing Zing Zing Zing Zing Zing Zing	Director Name Street Address City Director Name Street Address City City Director Name Street Address Address City Director Name Street Address Address	State State require filing Form 641. ccompanying schedu	Zip 905
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