



State of Rhode Island
Department of State - Business Services Division

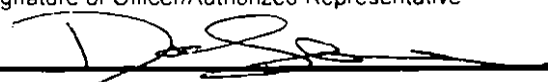
FILED

Annual Report for the year: 2023

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

JAN 27 2023
 BY 13242
 RS

1 Entity ID Number 29401		2 Exact name of the Corporation WARWICK MALL MERCHANTS ASSOCIATION			
3 State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ADVERTISING			
4 NAICS Code 813910 Business Associations					
6. Principal Office Address 400 BALD HILL RD SUITE 100			City WARWICK	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANOTONINO RIZZO			Vice-President Name MICHAEL JARDIN		
Street Address 89 LOCKOUT AVE			Street Address 19 BENJAMIN DR		
City CRANSTON	State RI	Zip 02920	City N. PROVIDENCE	State RI	Zip 02904
Secretary Name FERNANDO MARTINEZ			Treasurer Name		
Street Address 1548 CRANSTON STEET			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
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 DOMENIC SCHIAVONE			Director Name LISA REGAN		
Street Address 27 COLONY STREET			Street Address 13 SANDY WAY		
City CRANSTON	State RI	Zip 02920	City CUMBERLAND	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 DOMENIC SCHIAVONE					Date 1/24/2023
Signature of Officer/Authorized Representative 					

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