RI SOS Filing	Number: 202	328309140	Date. 2/0/	202 3 4:00:00 Pl	VI		
State of Rhode Island							
Department of Sta	te - Business	Services Div	rision				
Topic State of the			EED 0 o 2022				
Annual Report for the year: 7022			FEB 0 8 2023				
Corporation — 2023					2010		
→ Filing period: February 1 - May 1					3201		
→ Filing Fee: \$50.00	_						
	a if form in not fil	ad by May 21 C	- n-	/ () -			
→ Penalty: Additional \$25.00 fee if form is not filed by May 31. St. Anthony SociEly							
1. Entity ID Number	2. Exact name of	the Corporation	<u> </u>	$\sim \sim$			
1 29085	10).M)).('L)	377		
2. Demand Office Address I	DOCIE/A)	MILITARY X	CCOSCO	//S.T. towis		T	
3. Principal Office Address 637 Charles Sire)				, /	State	Zip	
63/ LAARLES S) PEEJ		ROVIO	ENCE	1 1	02904	
4. NAICS Code	6. Brief description	on of the character	of business co	onducted in Rhode Is	land		
$1 0 \cdot 2 \cdot 2 \cdot 0 \qquad 1 0 1 0 1 0 1 0 1 0 1 0 1 0 0$							
COCIAL CIAD							
5. State of Incorporation							
Rhode Zsland							
7. List ALL officers (names, and addresses)				Chark the how to indicate an attachment			
			Check the box to indicate an attachment				
Michalas NAXOUCCI			WARK) ANZARE /A				
Street Address							
20 DOROTAY 57.			Street Address Sigmuc JRAI				
City	State O	Zip	City /	2 . 1	State	Zip	
TROVIDENCE	1 8.2	Zip 02904	1/6. 3	ROVIDENCE	1 X.2.	02904	
Secretary Name		•	Treasurer Nam			•	
VO 1/1/2	31CONE		HOSINO H. HINDHUCCI				
Street Address		/	Street Address				
76 WEST XI	VER TARK	WAY	ノン	LYDWIN L	NRCE		
City n/ C	State	Zip mal/	City .		State	Zip 02919	
1/0. TROVIOLENCE	S.Z.	62904	Jo hr	SON	1.61		
List ALL directors (names and addresses)				Check1	he box to indicate	an attachment	
Director Name Dire				Malar H	// //	_	
LOUIE SPANZIALE				/IChas / /4	NZARE [/I	2	
			Street Address TAFRED PRIVE				
3/ TORSY			City 12 "	(1/1/KEO		7:-	
City XOVIDENCE.	State 5	Zip 02908	City /	POVIDENCE	State	Zip 02911	
Director Name		00,700	Director Name	W gasuz	10.6.	001711	
1 71/1/1/2/ 5711			Trihory /=/=85				
			Street Address				
Silver Address 53 VOTURNO ST.			Sireer Address	17 HOXIE	SZ.		
City A / C. /	State: 7	Zip	City		State O	Zip	
10. YROVIDENCE	1 K.Z.	102904		wick	1.2.	T02889	
9. Shares Authorized		10. Shares Issued			he box to indicate	an attachment	
		NUMBER OF SH		CLASS/SERIES		PAR VALUE	
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This information is currently of recor Department of State. Changes require an additional filing.			orized repres	entative. If the corpor	ration is in the han	ds of a receiver or	
This information is currently of recor Department of State. Changes require an additional filing. 11. This report must be executed of	n behalf of the cor	poration by an auth	-	·	ration is in the hand	ds of a receiver or	
This information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed of trustee, this report must be executed.	n behalf of the cor	poration by an auth	receiver or tri	ustee.			
This information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed or trustee, this report must be executed Under penalty of perjury, I declar statements, and that all statements.	n behalf of the cor ed on behalf of the re and affirm that hts contained her	poration by an auth corporation by the	receiver or tr	ustee.			
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Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov