




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

FEB 08 2023
 3267 ²

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

ST. ANTHONY SOCIETY

1. Entity ID Number 29085		2. Exact name of the Corporation SOCIETA' DI MUTUA SOCCORSO DI S. ANTONIO DA PADOVA			
3. Principal Office Address 637 CHARLES STREET		City PROVIDENCE	State R.I.	Zip 02904	
4. NAICS Code 813319		6. Brief description of the character of business conducted in Rhode Island SOCIAL CLUB			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NICHOLAS NARDUCCI			Vice-President Name MARK PANZARELLA		
Street Address 20 DOROTHY ST.			Street Address 88 NIPMUC TRAIL		
City PROVIDENCE	State R.I.	Zip 02904	City NO. PROVIDENCE	State R.I.	Zip 02904
Secretary Name JOHN MANCONE			Treasurer Name AGOSTINO A. ANTONUCCI		
Street Address 76 WEST RIVER PARKWAY			Street Address 12 CINDY CIRCLE		
City NO. PROVIDENCE	State R.I.	Zip 02904	City JOHNSTON	State R.I.	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LOUIE STANZIALE			Director Name MICHAEL PANZARELLA		
Street Address 31 FORSYTH STREET			Street Address 7 ALFRED DRIVE		
City PROVIDENCE	State R.I.	Zip 02908	City NO. PROVIDENCE	State R.I.	Zip 02911
Director Name NICHOLAS NARDUCCI III			Director Name ANTHONY PETERS		
Street Address 53 VOTURNO ST.			Street Address 247 HOXIE ST.		
City NO. PROVIDENCE	State R.I.	Zip 02904	City WARWICK	State R.I.	Zip 02889
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative AGOSTINO A. ANTONUCCI (TREASURER)				Date 2/4/2023	
Signature of 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