



State of Rhode Island
Department of State - Business Services Division

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.

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BUS SVCS DIV

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1. Entity ID Number <i>000026052</i>		2. Exact name of the Corporation <i>DANTE ALIGHIERI</i>	
3. State of Incorporation <i>RI</i>		5. Brief description of the character of business conducted in Rhode Island <i>Socin Club</i>	
4. NAICS Code <i>72410</i>			
6. Principal Office Address <i>43 Langdon Ave</i>		City <i>Pawt</i>	State <i>RI</i> Zip <i>02841</i>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <i>Jean Vitale</i>		Vice-President Name <i>Marcus Vitale</i>	
Street Address <i>43 Langdon Ave</i>		Street Address <i>43 Langdon Ave</i>	
City <i>Pawt</i>	State <i>RI</i>	City <i>Pawt</i>	State <i>RI</i> Zip <i>02841</i>
Secretary Name <i>Marcus Vitale Jr.</i>		Treasurer Name <i>Jean Vitale</i>	
Street Address <i>39 Oak Ave</i>		Street Address <i>43 Langdon Ave</i>	
City <i>S. Att.</i>	State <i>MA</i>	City <i>Pawt.</i>	State <i>RI</i> Zip <i>02841</i>
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 <i>Pres Jean Vitale</i>		Director Name <i>Marcus Vitale Jr</i>	
Street Address <i>43 Langdon Ave</i>		Street Address <i>39 Oak Ave</i>	
City <i>Pawt</i>	State <i>RI</i>	City <i>S. Att</i>	State <i>MA</i> Zip <i>02703</i>
Director Name <i>Marcus Vitale</i>		Director Name	
Street Address <i>43 Langdon Ave</i>		Street Address	
City <i>Pawt</i>	State <i>RI</i>	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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <i>Jean B Vitale</i>		Date <i>3/1/2023</i>	
Signature of Officer/Authorized Representative <i>Jean B Vitale</i>		FILED MAR 01 2023 BY <i>ML KLSXM</i>	