



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
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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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 APR 27 P 2:27

1. Entity ID Number <b>000028246</b>		2. Exact name of the Corporation <b>Maria ss Della Difesa Society of Johnston, RI</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Charitable Social Club Non Profit</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>15 Lafayette Street</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Joseph Kelley</b>		Vice-President Name <b>Stephen Benedetti</b>	
Street Address <b>15 Cottage Street</b>		Street Address <b>42 Brayton Road</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Smithfield</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02918</b>	
Secretary Name <b>John Cannarab</b>		Treasurer Name <b>Joseph Kelley</b>	
Street Address <b>150 Barbara Street</b>		Street Address <b>15 Cottage St</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02919</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Kenneth Fette</b>		Director Name <b>Ronald Benedetti</b>	
Street Address <b>163 Monroe Street</b>		Street Address <b>5 Deepfield Drive</b>	
City <b>Wanskett</b>	State <b>RI</b>	City <b>Weymouth</b>	State <b>RI</b>
Zip <b>02888</b>		Zip <b>02898</b>	
Director Name <b>Michael Koenig</b>		Director Name <b>David Atkinson</b>	
Street Address <b>63 Silver Lake Ave</b>		Street Address <b>PO Box 91045</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02919</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <b>[Signature] President</b>			Date <b>4/27/23</b>
Signature of Officer/Authorized Representative <b>[Signature]</b>			

FILED

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

APR 27 2023  
BY ML TJAVN  
FORM 631 - Revised: 2/2023