



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

JUL 3 2023

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- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>00028059</u>	2. Exact name of the Corporation <u>Loggia Roma #271 order of the Sons of Italy in America</u>
3. State of Incorporation <u>Rhode Island</u>	5. Brief description of the character of business conducted in Rhode Island <u>Our mission is to recognize and help worthy individuals and health organizations, who contribute to the Italian Language and it's principles. We give scholarships and donations.</u>
4. NAICS Code <u>813319</u>	

6. Principal Office Address <u>7 Pommenville Street</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>Muriel G. Heroux</u>			Vice-President Name <u>Dianne Arruda</u>		
Street Address <u>7 Pommenville Street</u>			Street Address <u>22 Patriots Way</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>Seekonk</u>	State <u>MA</u>	Zip <u>02771</u>
Secretary Name <u>Barbara Bourgerly</u>			Treasurer Name <u>Lorraine Elderkin</u>		
Street Address <u>11 Eisenhower Drive</u>			Street Address <u>15 Bassett Street</u>		
City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment

Director Name <u>Nancy McAllister</u>			Director Name <u>Lisa A. Heroux</u>		
Street Address <u>23 Terrace Ave</u>			Street Address <u>7 Pommenville Street</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>
Director Name <u>Marion Lindia</u>			Director Name <u>Daniel Bandiere</u>		
Street Address <u>359 Greenwich Ave, Apt. 109</u>			Street Address <u>85 Kennedy Circle</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Hyannis</u>	State <u>MA</u>	Zip <u>02601</u>

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.

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 <u>Muriel G Heroux</u>	Date <u>6-29-23</u>
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Signature of Officer/Authorized Representative
Muriel G Heroux

MAIL TO:
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Website: www.sos.ri.gov