



State of Rhode Island
Department of State - Business Services Division


Annual Report for the year: 2024

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.

FEB 07 2024

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1. Entity ID Number 29401		2. Exact name of the Corporation WARWICK MALL Merchants Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ADVERTISING			
4. NAICS Code 813910					
6. Principal Office Address 400 BALD HILL RD SUITE 100			City WARWICK	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTONINO RIZZO			Vice-President Name MICHAEL JARDIN		
Street Address 89 LOCKOUT AVE			Street Address 19 BENJAMIN DR		
City CRANSTON	State RI	Zip 02920	City N. PROVIDENCE	State RI	Zip 02904
Secretary Name FERNANDO MARTINEZ			Treasurer Name		
Street Address 1548 CRANSTON STREET			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
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 DOMENIC SCHIAVONE			Director Name LISA REGAN		
Street Address 27 COLONY STREET			Street Address 13 SANDY WAY		
City CRANSTON	State RI	Zip 02920	City CUMBERLAND	State RI	Zip 02004
Director Name Antonio Rizzo			Director Name		
Street Address 89 Lookout Ave			Street Address		
City CRANSTON	State RI	Zip 02920	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative DOMENIC SCHIAVONE				Date 1/25/24	
Signature of Officer/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