



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

FILED
FEB 16 2024

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

BY 3444
ST. ANTHONY SOCIETY

1. Entity ID Number <u>29085</u>	2. Exact name of the Corporation <u>SOCIETA' DI MUTUA SOCCORSO DI S. ANTONIO DA PADOVA</u>
3. State of Incorporation <u>Rhode Island</u>	5. Brief description of the character of business conducted in Rhode Island <u>Social Club</u>
4. NAICS Code <u>813319</u>	

6. Principal Office Address <u>637 CHARLES STREET</u>	City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>
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7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Ralph Narducci</u>		Vice-President Name <u>Nicholas Narducci</u>					
Street Address <u>373 HAWKINS STREET</u>		Street Address <u>20 DOROTHY AVE.</u>					
City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>		
Secretary Name <u>John Mancone</u>		Treasurer Name <u>Agostino P. Antonucci</u>					
Street Address <u>76 WEST RIVER PARKWAY</u>		Street Address <u>12 Cindy Circle</u>					
City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>JOHNSTON</u>	State <u>R.I.</u>	Zip <u>02919</u>		

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 <u>ROBERT FERRARO</u>		Director Name <u>MICHAEL PANZARELLA</u>					
Street Address <u>40 MEADOW VIEW BLVD.</u>		Street Address <u>7 ALFRED DRIVE</u>					
City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02911</u>		
Director Name <u>LUIGI STANZIALE</u>		Director Name <u>ALBERT SCATTO</u>					
Street Address <u>31 FORSYTH ST.</u>		Street Address <u>4 LAKE DRIVE</u>					
City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02908</u>	City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02904</u>		

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 attachments, and that all statements contained herein are true and correct.

Signature of Officer/Authorized Representative <u>Agostino P. Antonucci</u>	Date <u>1/24/2024</u>
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