



FONDAZIONE ONLUS
CASA DI RIPOSO BEATA CRISTINA

REGISTRO DEGLI ACCESSI CIVICI

I° semestre anno 2025

N.	Data Presentazione Domanda	Oggetto della Domanda	Esito Istruttoria	Data Evazione Domanda
1	---	---	---	---
2	---	---	---	---
3	---	---	---	---
4	---	---	---	---
5	---	---	---	---
6	---	---	---	---

Il Presidente
(Giovanni Appiani)

