



FONDAZIONE ONLUS
CASA DI RIPOSO BEATA CRISTINA

REGISTRO DEGLI ACCESSI CIVICI

I° semestre anno 2020

N.	Data Presentazione Domanda	Oggetto della Domanda	Esito Istruttoria	Data Evisione Domanda
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2	---	---	---	---
3	---	---	---	---
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Il Presidente
(Giovanni Appiani)

