

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

perment jet of 425.00.						
1. Corporate ID No.	2. Name of Corporation The ORDER OF LETTED COMMERCIAL					
# 28256	PROVIDENCE COUNCIL NO.67 TRAVELENS OF AMERICA, INCL. 4. Corporate address in Rhode Island - Street Address					
3. State of Incorporation	4. Corporate address in R	vode isiana - street Adaress		GHV	02919	
5. Foreign corporation. Enter princ		3 79	724	JOHNSTEN	02914	
5. Foreign corporation. Enter print	apai office address		City	State	Zψ	
6. Brief Description of the character of	of the affairs which are act	ually conducted in Rhode Isla	nd A MAGTHLY M	DOTING IS he	Id-We	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island A MONTHLY MEETING IS held - W						
of wealsone profesal Blympics - also Give To Veterons Home						
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTACH!	, []: +	EFORE USING ATTACH	MENTS	
President Name CHARLES CAVALLARO			Vice President Name CARMINO RUSSO			
Street Address  4 HEB DEEN STREET			Street Address  14 PENROSE STREET  City  No. PROVIDENCE State  RF 02911			
City_	State RL	Zip	City	State	Zip	
JOHNSTON	FL	C2919	NO. PROVIDENCE	12 F	02911	
Secretary Name FRED A S'ANTACATA			Treasurer Name FRED A. SANTAGATA Street Address			
Student, Addriver			Street Address  ZLO CAVALCASE BLUS  City State Zip			
26 CAVALOASE BLUD  City State  TOHNS TO. U  STATE  STATE			ZIE CAVALCADE BLUD			
City JUHNSTON	State P. L	192919	JOHUS TON	State F. Z	2ip 102419	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
Director Name VITE CATAURO			PHIL DI FOLIO			
Street Address			Street Address			
City JUHNSTON State RT C'2419			10 PENEL DRIVE			
City JUHNSTON Diversor Name	State PF	Zip C'2419	LEST WARNIGH	State P. F	Zip 22 893	
DirectorName KVBLYN SIMONOZZI			Director Name BENJAMIN CARBONE			
Street Address 94 BELMONT ROAN			Street Address 141 LAKEVIEW INCIP			
City	State P.F	Zip 62710	PROU NEWCE		Zip C 2910	
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

FILED	
DEC 0 3 2009	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 15600	statements contained herein are true and correct.  ———————————————————————————————————
Check No	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  Title of Officer  Title of Officer
<u> </u>	Form 631 Rev. 09/17