



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2012**

**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.

1. Corporate ID No. 26969		2. Name of Corporation BAGALIO TOCCI Post 172 Veterans of Foreign Wars of the United States	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 22 Winter St.	
5. Foreign corporation. Enter principal office address		City Providence	Zip 02903
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island V.F.W. Post 172 (Chob)			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ALFREDO PALICCIA		Vice President Name VINCENT PISANELLI	
Street Address 22 Winter St		Street Address 127 Farming Ave.	
City Providence	State R.I.	City CRANSTON	State R.I.
Zip 02903		Zip 02920	
Secretary Name RALPH PAPERELLA		Treasurer Name CHRISTOPHER DELL'AVENTURA	
Street Address 61 WAMPANOGA Tr		Street Address 716 ATWELLS AVE	
City Riverside	State R.I.	City Providence	State R.I.
Zip 02915		Zip 02909	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 DELPHINO SILVIA		Director Name RONALD SANTOMASSIMO	
Street Address 42 Airport Rd.		Street Address 100 Broad St.	
City COVENTRY	State R.I.	City Providence	State R.I.
Zip 02911		Zip 02903	
Director Name RAYMOND MARTINEAU		Director Name	
Street Address 12 SAINT THOMAS ST.		Street Address	
City NORTH PROV.	State R.I.	City	State
Zip 02911		Zip	
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**

JUN 21 2012

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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.

*Vincent Pisanelli*  
Signature of Officer

VINCENT PISANELLI  
Print or Type Name of Officer

Vice Commander  
Title of Officer

File Date \_\_\_\_\_ BY \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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