



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 107834		2. Exact name of the Corporation Marine Corps League Department of R.I.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Military / Fraternal			
5. Principal office address 53 Coventry Drive		City Coventry	State RI	Zip 02816	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Frank P. Dolan			Vice-President Name Jane A. Deptula		
Street Address 7 O'Hare Court			Street Address 10 Five Elms Circle		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Cynthia J. Allen			Treasurer Name David J. Mahon		
Street Address 452 Hill Street			Street Address 53 Coventry Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Frank Bussick			Director Name Joseph Razza		
Street Address 80 Alden Drive			Street Address 34 Glenbrook Road		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02889
Director Name Michael Zaino			Director Name Joseph Chasse		
Street Address 5 Sylvan Drive			Street Address 86 Fashion Drive		
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02886
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 07 2013

By 49-198841

A.A.

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.

David J. Mahon
 Signature of Officer

David J. Mahon
 Print or Type Name of Officer

Paymaster
 Title of Officer

2013 JUN 7 PM 12:30
 SECRETARY OF STATE
 CORPORATIONS DIV