



**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.<br><b>151432</b>   |                      | 2. Exact name of the Corporation<br><b>Bucci-Atwood Detachment, Marine Corps League</b>  |  |                    |                          |
| 3. State of Incorporation<br><b>RI</b>  |                      | 4. Brief description of the character of business conducted in Rhode Island<br><b>To preserve the traditions of, and to promote the interests of the United States Marine Corps.</b> |  |                    |                          |
| 5. Principal office address<br><b>86 Fashion Drive</b>  |                      |  | City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02886-1911</b> |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                      |  |  |                    |                          |
| President Name<br><b>Joseph R. Chasse, Sr./Commandant</b>   |                      |  | Vice-President Name<br><b>Raymond H. Verno/Sr. Vice Commandant</b> |                    |                          |
| Street Address<br><b>86 Fashion Drive</b>   |                      |  | Street Address<br><b>16345 SW 14th Court</b>                       |                    |                          |
| City<br><b>Warwick</b>  | State<br><b>RI</b>   | Zip<br><b>02886-1911</b>   | City<br><b>Ocala</b>   | State<br><b>FL</b> | Zip<br><b>34473</b>      |
| Secretary Name<br><b>None</b>   |                      |  | Treasurer Name<br><b>Thomas A. DeFalco/Adjutant Paymaster</b>      |                    |                          |
| Street Address<br><b>None</b>   |                      |  | Street Address<br><b>105 Newman Avenue, Apt# 5-709</b>             |                    |                          |
| City<br><b>None</b>   | State<br><b>None</b> | Zip<br><b>None</b>   | City<br><b>Rumford</b>   | State<br><b>RI</b> | Zip<br><b>02916-2102</b> |
| 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<br><b>Joseph R. Chasse, Sr.</b>   |                      |  | Director Name<br><b>Raymond H. Verno</b>                           |                    |                          |
| Street Address<br><b>86 Fashion Drive</b>   |                      |  | Street Address<br><b>16345 SW 14th Court</b>                       |                    |                          |
| City<br><b>Warwick</b>  | State<br><b>RI</b>   | Zip<br><b>02886-1911</b>   | City<br><b>Ocala</b>   | State<br><b>FL</b> | Zip<br><b>34473</b>      |
| Director Name<br><b>Thomas A. DeFalco</b>   |                      |  | Director Name  |                    |                          |
| Street Address<br><b>105 Newman Avenue, Apt# 5-709</b>  |                      |  | Street Address   |                    |                          |
| City<br><b>Rumford</b>  | State<br><b>RI</b>   | Zip<br><b>02916-2102</b>   | City   | State              | Zip                      |
| 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: \_\_\_\_\_

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**FILED**

**JUN 27 2013**

By 49-200423

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.

Joseph R. Chasse, Sr.  
Signature of Officer

6/27/13  
Date

**Joseph R. Chasse, Sr.**

Print or Type Name of Officer

**President/Commandant**

Title of Officer