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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
59579	**BCW, INC.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**social organization**

5. Principal office address	City	State	Zip
42 Granite Street	**Westerly**	**RI**	**02891**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Joseph Broccolo			**Vincent Capizzano**		
Street Address			Street Address		
9 Brookview Court			**11 Canyon Drive**		
City	State	Zip	City	State	Zip
Westerly	**RI**	**02891**	**Westerly**	**RI**	**02891**
Secretary Name			Treasurer Name		
Stephen Cofone			**Jon D. Lallo**		
Street Address			Street Address		
4 Wampag Road			**10 Bayview Drive**		
City	State	Zip	City	State	Zip
Westerly	**RI**	**02891**	**Westerly**	**RI**	**02891**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Paul A. Azzinaro			**Jon D. Lallo**		
Street Address			Street Address		
82 Beach Street			**10 Bayview Drive**		
City	State	Zip	City	State	Zip
Westerly	**RI**	**02891**	**Westerly**	**RI**	**02891**
Director Name			Director Name		
Joseph Broccolo					
Street Address			Street Address		
9 Brookview Court					
City	State	Zip	City	State	Zip
Westerly	**RI**	**02891**			

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, duly Authorized Representative, Receiver or Trustee

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

FILED
NOV 18 2014
BY 236781

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.

Signature of Officer or Authorized Representative — Date: **11/12/14**

Jon D. Lallo
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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