



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 2015

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. 26285		2. Exact name of the Corporation Dodge Goulais Post 29			
3. State of Incorporation R.I		4. Brief description of the character of business conducted in Rhode Island Fraternal Bntriotic			
5. Principal office address 1108 Charles St.		City North Prov.	State R.I	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Joseph Jalbert			Vice-President Name Thomas Lolio		
Street Address 27 Woodward Rd			Street Address 8 May ST.		
City Lincoln	State R.I	Zip 02865	City N. Prov.	State R.I	Zip 02904
Secretary Name Joseph Jalbert			Treasurer Name Gerald Tramontano		
Street Address 27 Woodward Rd.			Street Address 5 Remington St.		
City Lincoln	State R.I.	Zip 0	City N. Prov.	State R.I	Zip 02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISL AND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph Jalbert			Director Name John A. Dore		
Street Address 27 Woodward Rd.			Street Address 120 Woodward Rd.		
City Lincoln	State R.I	Zip 02865	City Prov.	State R.I	Zip 02904
Director Name Joe Baker			Director Name		
Street Address 39 Lydia Ave.			Street Address		
City N. Prov.	State R.I.	Zip 02904	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, duly Authorized Representative, Receiver or Trustee

FILED
MAY 04 2015

File Date _____
 Check No _____
 By: BY 8043
 FOR SECRETARY OF STATE USE ONLY

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.

Gerald Tramontano 04-30-15
 Signature of Officer or Authorized Representative Date
Gerald Tramontano
 Print or Type Name of Officer or Authorized Representative