



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. 32100		2. Exact name of the Corporation Dodge Goulais Post29			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Fraternal Patriotic			
5. Principal office address 1108 Charles St.		City North Prov.		State RI	Zip 02904
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph R. Talbert		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 RI	Zip 02904
Secretary Name Aldo F Ricci		Treasurer Name Gerald Tramontano			
Street Address 122 Raphael Ave.		Street Address 5 Kemington St.			
City Prov.	State R.I.	Zip 02908	City N. Prov.	State RI	Zip 02904
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 Joseph Talbert		Director Name John A. Dove			
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 Lydiz 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

File Date	
Check No	
By	BY 8044
FOR SECRETARY OF STATE USE ONLY	

FILED

MAY 04 2015

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 0430-15
Signature of Officer or Authorized Representative Date

Gerald Tramontano
Print or Type Name of Officer or Authorized Representative