

## 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

2015

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

Filing Fee: \$20.00 •  1. Entity ID No.			OCCI OU WILL RESOLT IN	4 \$25.00 FERALI	
r. Entity ID INO.	2. Exact name of the Corporation  Amancio-Falcone-Gaccione Post 8955, Veterans of Foreign Wars of the United States				
26254					
3. State of Incorporation	4TBriedster plan af lade regard of by tintte or States in Brieds in States of overseas conflicts. To serve				
Rhode Island	our veterans, the military, and or communities. To advocate on behalf of all veterans				
5. Principal office address 113 Beach Street			City Westerly	State RI	<sup>Zin</sup> <b>02891</b>
LIST <u>ALL</u> OFFICERS (N	AMES AND ADDRE	ESSES) ("X" BOX FOR	ATTACHMENT)		
President Name William G. Siano			Vice-President Name John C. Barber		
Street Address 5 Shetland Drive			Street Address 646 New London Turnpike		
Dity Bradford	State RI	Zip <b>02808</b>	City <b>Stonington</b>	State CT	Zip <b>06378-1615</b>
Secretary Name Villiam D. Heliner			Treasurer Name Anthony G. Smith		
Street Address PO Box 652			Street Address PO Box 756		
City <b>Ashaway</b>	State RI	Zip <b>02804-0015</b>	City West Kingston	State RI	Zip <b>02892-0756</b>
LIST <u>ALL</u> DIRECTORS (N	NAMES AND ADDR	RESSES). RHODE ISLA	ND CORPORATIONS MUST LI		
irector Name Francis J. Costa			Director Name Robert Montalbano		
Street Address B Carley Drive, Apt. 107			Street Address 5 Rhody Drive		
ity Coventry	State RI	Zip <b>02816</b>	City <b>Westerly</b>	State RI	Zip <b>02891</b>
rector Name erald F. McKinney			Director Name		
treet Address 4 Belle Rose Drive			Street Address	<del>-</del>	
ity Vesterly	State RI	Zip <b>02891</b>	City	State	Zip
REGISTERED AGENT IN					
			of State. Changes require filing		
iis report must be signed by Trustee	either the Presiden	t, Vice-President, Secret <b>FILED</b>	ary, Assistant Secretary, Treasur	er, duly Authorized I	Representative, Receivel
File Date MAY 0 4 2015		MAY 0 4 2015	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.		
Check No	BY_	21025	- Jeef	2	1.1.1
Ву:	····		Signature of Office or Auto	iorized Representati	x 4/29/2 ive Date
FOR SECRETARY OF STA	TE USE ONLY		Anthony G. Smith, F		
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Form No. 631 Revised: 04/2014 Print or Type Name of Officer or Authorized Representative