

1. Entity ID No.

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.

2. Exact name of the Corporation

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

31114	Pasco R. Senerchia Building Association, Inc. 4. Brief description of the character of business conducted in Rhode Island Fraternal Association of American Veterans					
3. State of Incorporation Rhode Island						
5. Principal office address 681 Providence Street			City West Warwick	State RI	Zip 02893	
6. LIST ALL OFFICERS (NA	MES AND ADDI	RESSES) ("X" BOX FO	OR ATTACHMENT)	· · · · · · · · · · · · · · · · · · ·		
President Name			Vice-President Name			
Paul Vitalo			Michael Taylor			
Street Address			Street Address			
165 Oakland Beach Avenue			681 Providence Street			
City	State	Zip	City	State	Zip	
Warwick	RI	02889	West Warwick	Ri	02893	
Secretary Name	.		Treasurer Name		<u> </u>	
Raymond Davide			Raymond Davide			
Street Address			Street Address			
3 Creek Court			3 Creek Court	3 Creek Court		
City	State	Zip	City	State	Zip	
Coventry	RI	02816	Coventry	RI	02816	
("X" BOX FOR ATTACHM Director Name Paul Vitalo	ENT)		Director Name Michael Taylor			
Street Address 165 Oakland Beach Avenue			Street Address 681 Providence Street			
City Warwick	State RI	Zip 02889	City West Warwick	State RI	Zip 02893	
Director Name			Director Name			
Raymond Davide						
Street Address 3 Creek Court			Street Address			
City	State	Zip	City	State	Zip	
Coventry	RI	02816				
. REGISTERED AGENT IN F						
his information is currently	of record in the	e Office of the Secreta	ary of State. Changes require filing	Form 641.	····	
his report must be signed by r Trustee File Date	·	FILED	Under penalty of perjury, this report, including any and that all statements or	I declare and affire accompanying so	n that I have examined hedules and statement	
FOR SECRETARY OF STATE		MAY 1 8 2015	Signature of Officer or Auth	corized Representati		
	BT	<u>41)5</u>	Paul Vitalo			
orm No. 631 evised: 04/2014			Print or Type Name of Office	er or Authorized Re	presentative	