



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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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. 31104		2. Exact name of the Corporation Rhode Island STATE Airport Post No. 61			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non Profit Veterans Organization			
5. Principal office address 272 PETTACONSETT AVENUE		City WARWICK	State RI	Zip 02888	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Raymond A. Cribari			Vice-President Name Pasquale Fiore		
Street Address 137 Colonial Ave.			Street Address 31 Willow ST.		
City CRANSTON	State R.I.	Zip 02910	City PROVIDENCE	State R.I.	Zip 02903
Secretary Name JAMES FLEET			Treasurer Name KATHLEEN CRIBARI		
Street Address Cedar Pond Drive Unit#7			Street Address 137 Colonial Ave.		
City WARWICK	State R.I.	Zip 02886	City CRANSTON	State R.I.	Zip 02910
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Raymond Cribari			Director Name Pasquale Fiore		
Street Address 137 Colonial Ave.			Street Address 31 Willow ST.		
City CRANSTON	State R.I.	Zip 02910	City PROVIDENCE	State R.I.	Zip 02903
Director Name JAMES FLEET			Director Name KATHLEEN CRIBARI		
Street Address Cedar Pond Drive Unit#7			Street Address 137 Colonial Ave.		
City WARWICK	State R.I.	Zip 02886	City CRANSTON	State R.I.	Zip 02910
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

JUN 01 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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY 2012

Raymond A. Cribari 5/28/15
Signature of Officer or Authorized Representative Date

Raymond A. Cribari
Print or Type Name of Officer or Authorized Representative