



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Director
148 W. River Street
Providence, RI 02904-2671
401.222.3044

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I. L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 26969		2. Name of Corporation BAGGIO JOCCI POST 172 VETERANS OF FATIGUED WARS OF THE UNITED STATES	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 22 WINTER ST.	
5. Foreign corporation. Enter principal office address		City Providence	Zip 02903
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island V.F.W. Post 172 (Club)			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ALFREDO POLLICIA		Vice President Name VINCENT PISANELLI	
Street Address 22 WINTER ST		Street Address 127 FARMING AVE.	
City Providence	State R.I.	City CRANSTON	Zip 02920
Secretary Name RALPH PAPARELLA		Treasurer Name CHRISTOPHER DELL'AVENTURA	
Street Address 61 WAMPANOGA TRI		Street Address 716 ATWELLS AVE	
City Riverside	State R.I.	City Providence	Zip 02909
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name DELPHINO SILVIA		Director Name RONALD SANTOMASSIMO	
Street Address 42 Airport Rd.		Street Address 100 Broad St.	
City Coventry	State R.I.	City Providence	Zip 02903
Director Name RAYMOND MAFFIENAU		Director Name	
Street Address 12 SAINT THOMAS ST.		Street Address	
City North Prov.	State R.I.	City	Zip
9. REGISTERED AGENT IN RHODE ISLAND			

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 25 2015

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that a statements contained herein are true and correct.

File Date: BY 1225

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Signature of Officer: Vincent Pisanelli Date: _____

Print or Type Name of Officer: VINCENT PISANELLI

Title of Officer: Vice Commander