

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 2009

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.	2. Exact na	2. Exact name of the Corporation							
001338212	Branch	Branch 15, National Association of Letter Carriers Corp.							
3. State of Incorporation	Building	4. Brief description of the character of business conducted in Rhode Island Building for members to transact business, sponsor charitable and recreational							
Rhode Island	events,	events, and develop methods for improvement of the US mail system.							
5. Principal office address 174 Mayfield Avenue			City	City State RI		Zip 02920			
6. LIST ALL OFFICERS (N		nessesi avi nav e							
President Name	ARES AND AUD	resses in action	Vice-President Name		رج -				
Ingrid Armada			John Cullinane		2015				
Street Address			Street Address		S	2			
201 Hoffman Ave. Ap	t # 7		9 Cynthia Drive	무 분위		(J-4-5)			
City	State	Zip	City	State	Zip 📜				
Cranston	RI	02920	Coventry	RI	02816	_==<==			
Secretary Name			Treasurer Name		72	297			
Michael G. Cardarelli	Jr.		Joan Crugnale						
Street Address			Street Address			NA PAGE			
53 Fairfield Road	700-00-0		26 Waterview Drive APT	E	\overline{a}	< <u>~</u> ;			
City	State	Zip	City	State	Zip				
Cranston	RI	02910	Smithfield	RI	02917				
7. LIST <u>ALL</u> DIRECTORS (BOX FOR ATTACHE	NAMES AND ADI JENT) 🔲	DRESSES). RHODE IS	SLAND CORPORATIONS <u>MUST</u> LIST	NO LESS THAN	THREE (3) D	RECTORS			
Director Name		Director Name							
Joseph DiLucia			Dave Laboissonniere						
Street Address			Street Address						
72 Texas Ave			PO BOX 44						
City	State	Zip	City	State	Zip				
Providence	RI	02904	Geenville	RI	02828				
Director Name			Director Name						
Mila Morgado			Karen Massarone						
Street Address 31 Grove Ave			Street Address 15 South Glen Drive						
City	State	Zin		Diete	7:				
North Kingstown	RI	Zip 02852	City Coventry	State RI	Zip 02816				
R REGISTERED AGENT IN				[13]	02010				
			ary of State. Changes require filing F	orm 641					
			ecretary, Assistant Secretary, Treasurer,		3				

or Trustee 12:44 pm

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File Date	FII FD this	Under penalty of perjury, I declare and affirm that I have examined this teport, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No.	SEP 0 4 2015	and lu	8/14/1	
FOR SECRETARY OF STATE USE ONLY	By 255798 Sign	ature of Officer or Authorized Representative	Date	
ON ELECTROPHY CLEANING PROTECTION	i//// Ing	rid Armada. President		

Form No. 631 Revised: 04/2014

Imgrid Armada, President
Print or Type Name of Officer or Authorized Representative