



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 2003

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. 001338212		2. Exact name of the Corporation Branch 15, National Association of Letter Carriers Corp.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Building for members to transact business, sponsor charitable and recreational events, and develop methods for improvement of the US mail system.			
5. Principal office address 174 Mayfield Avenue		City Cranston		State RI	Zip 02920
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Ingrid Armada		Vice-President Name John Cullinane			
Street Address 201 Hoffman Ave. Apt # 7		Street Address 9 Cynthia Drive			
City Cranston	State RI	Zip 02920	City Coventry	State RI	Zip 02816
Secretary Name Michael G. Cardarelli Jr.		Treasurer Name Joan Crugnale			
Street Address 53 Fairfield Road		Street Address 26 Waterview Drive APT E			
City Cranston	State RI	Zip 02910	City Smithfield	State RI	Zip 02917
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Joseph DiLucia		Director Name Dave Laboissonniere			
Street Address 72 Texas Ave		Street Address PO BOX 44			
City Providence	State RI	Zip 02904	City Geenville	State RI	Zip 02828
Director Name Mila Morgado		Director Name Karen Massarone			
Street Address 31 Grove Ave		Street Address 15 South Glen Drive			
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816
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

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY

12:38pm
FILED
SEP 04 2015
By 255798
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.
Signature of Officer or Authorized Representative Ingrid Armada Date 8/14/15
Ingrid Armada, President
Print or Type Name of Officer or Authorized Representative