

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 1994

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.	:	me of the Corporation				
001338212	Branch	Branch 15, National Association of Letter Carriers Corp.				
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	_		transact business, sponsor charitable and recreational hods for improvement of the US mail system.			
5. Principal office address 174 Mayfield Avenue			City Cranston	State RI	Zip 02920	
LISTALL OFFICERS (NA	MES AND ADD	RESSES) ("X" BOX FO	OR ATTACHMENT)			
resident Name			Vice-President Name			
Arthur Salzillo			Bernard Long			
itreet Address			Street Address			
9 Brook Street			12 Anstis Street			
City	State	Zip	City	State	Zip	
ranston	Ri	02920	Cranston	RI	02905	
ecretary Name			Treasurer Name	•	· · · ·	
lorace Marsocci			William Peters			
treet Address	**** ··		Street Address		· ·	
2 Beech Ave			106 Hope Street	106 Hope Street		
ity	State	Zip	City	State	Zip	
ranston	RI	02910	Rumford	RI	02916	
		DRESSES). RHODE IS	LAND CORPORATIONS MUST	LIST NO LESS THAN T	HREE:(3) DIRECT	
("X" BOX FOR ATTACHME	MT) [_]	BAGARIAN BARAKAN PERMAN				
irector Name			Director Name			
eorge Davis			Joseph Farina	Joseph Farina		
reet Address		-	Street Address			
30 Chanbly Ave.			43 June Ave			
ity	State	Zip	City	State	Zip	
/arwick	RI	02888	Cranston	RI	02920	
rector Name			Director Name	 		
eter Basile			"none"			
reet Address			Street Address			
1 Fairway Drive			"none"			
ty	State	Zip	City	State	Zip	
ranston	∤RI	02920	"none"	"none"	"none"	
REGISTERED AGENT IN P	HODE ISLAND					
ils information is currently	of record in th	e Office of the Secret	ary of State. Changes require fill	ng Form 641.		
			cretary, Assistant Secretary, Treas		epresentative, Rece	
		12.20	a .			

	io. a I pm		
File Date	FILED	Under penalty of perjury, I declare and affirm that I this report, including any accompanying schedule and that all statements contained herein are true a	s and statements,
Check No	SEP 04 2015	arthur Sakoto	8-14-15
By: FOR SECRETARY OF STATE USE ONLY	255 198	Signature of Officer or Authorized Representative	Date
FOR SECRETARY OF STATE USE ONLY	1/M	Arthur Salzillo, President	

Form No. 631 Revised: 04/2014 Deleta - Toron Morror of Office - Auglioria

Print or Type Name of Officer or Authorized Representative