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 1979

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 name of the Corporation
001338212	**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	City	State	Zip
174 Mayfield Avenue	**Cranston**	**RI**	**02920**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Arthur Salzillo	**49 Brook Street**	**Cranston**	**RI**	**02920**

Vice-President Name	Street Address	City	State	Zip
Bernard Long	**12 Anstis Street**	**Cranston**	**RI**	**02905**

Secretary Name	Street Address	City	State	Zip
Horace Marsocci	**92 Beech Ave**	**Cranston**	**RI**	**02910**

Treasurer Name	Street Address	City	State	Zip
William Peters	**106 Hope Street**	**Rumford**	**RI**	**02916**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS. ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
George Davis	**130 Chanbly Ave.**	**Warwick**	**RI**	**02888**
Peter Basile	**11 Fairway Drive**	**Cranston**	**RI**	**02920**

Director Name	Street Address	City	State	Zip
Joseph Farina	**43 June Ave**	**Cranston**	**RI**	**02920**
"none"	**"none"**	**"none"**	**"none"**	**"none"**

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

12:14 pm
FILED
SEP 04 2015
By 255798
KM

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.

Arthur Salzillo 8-14-15
Signature of Officer or Authorized Representative — Date

Arthur Salzillo, President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014