



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 **1974**

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 Arthur Salzillo		Vice-President Name Bernard Long			
Street Address 49 Brook Street		Street Address 12 Anstis Street			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02904
Secretary Name Horace Marsocci		Treasurer Name William Peters			
Street Address 92 Beech Ave		Street Address 106 Hope Street			
City Cranston	State RI	Zip 02910	City Rumford	State RI	Zip 02916
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE ("X" BOX FOR ATTACHMENT) ☐					
Director Name George Davis		Director Name Joseph Farina			
Street Address 130 Chanbly Ave.		Street Address 43 June Ave			
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02920
Director Name Peter Basile		Director Name "none"			
Street Address 11 Fairway Drive		Street Address "none"			
City Cranston	State RI	Zip 02920	City "none"	State "none"	Zip "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
By: _____

12:10pm

FILED

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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