



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
107834		Marine Corps League Department of R.I.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Military / Fraternal			
5. Principal Office Address			City	State	Zip
53 Coventry Drive			Coventry	RI	02816
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Jane A, Deptula			Vice-President Name Cynthia Allen		
Street Address 10 Five Elms Circle			Street Address 452 Hill Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Michael Zaino			Treasurer Name David J. Mahon		
Street Address 5 Sylvan Drive			Street Address 53 Coventry Drive		
City E Greenwich	State RI	Zip 02818	City Coventry	State RI	Zip 02816
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Frank P. Dolan			Director Name Joseph Razza		
Street Address 7 O'Hare Court			Street Address 34 Glenbrook Road		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02889
Director Name Paul E. Campbell			Director Name Patrick S. Maguire		
Street Address 52 Planet Avenue			Street Address 22 Hickory Road		
City Riverside	State RI	Zip 02915	City Coventry	State RI	Zip 02816
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date	
David J. Mahon Paymaster				16 May 2016	
Signature of Officer/Authorized Representative					

FILED

MAY 18 2016

BY Kel