



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			
172597		Donald Anthony Capasso Memorial Fund, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Charitable fund raising, and for any other lawful purpose			
5. Principal Office Address		City	State	Zip	
19 Maribeth Drive		Johnston	RI	02919	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald P. Capasso, Jr.			Vice-President Name Sheila A. Capasso		
Street Address 19 Maribeth Drive			Street Address same		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Tara A. Capasso			Treasurer Name Sheila A. Capasso		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
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 Donald P. Capasso, Jr.			Director Name Sheila A. Capasso		
Street Address 19 Maribeth Drive			Street Address same as above		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name Tara A. Capasso			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Donald P. Capasso, Jr., President				Date 7/16/16	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED *a*
MAY 23 2016
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