



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		
000084085		DISABLED AMERICAN VETERANS LAWSON-RAIOLA CHIS		
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island		
RI		TO ASSIST ALL DISABLED AMERICAN VETERANS		
5. Principal Office Address		City	State	Zip
40 SWAN VIEW LN		NORTH KINGSTOWN	RI	02852
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name RICK BACCUS		Vice-President Name WALTER COELHO		
Street Address 80 KINGSWOOD RD		Street Address 162 KING PHILLIP ST		
City BRISTOL	State RI	Zip 02809	City PORTSMOUTH	State RI Zip 02871
Secretary Name VIRGINIA HANSON		Treasurer Name LAWRENCE A. MATIKA		
Street Address 40 SWAN VIEW LN		Street Address 35 ADAMS POINT RD		
City NORTH KINGSTOWN	State RI	Zip 02852	City BARRINGTON	State RI Zip 02806
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 MARK MOOSHAGIAN		Director Name MOZART TURENNE		
Street Address 3 BEDLOW PL		Street Address 49 SOWAMS RD		
City NEWPORT	State RI	Zip 02840	City BRISTOL	State RI Zip 02809
Director Name STEVE SKUBA		Director Name		
Street Address 32 RIDGE RD		Street Address		
City BRISTOL	State RI	Zip 02809	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 LAWRENCE A. MATIKA, TREASURER				Date 5-25-16
Signature of Officer/Authorized Representative				

FILED

MAY 31 2016

BY

1072