



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

148 W. River Street, Providence, Rhode Island 02904-2615
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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 <u>000084085</u>		2. Exact name of the Corporation <u>DISABLED AMERICAN VETERANS LAWSON-RAIOLA CHIS</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO ASSIST ALL DISABLED AMERICAN VETERANS</u>	
5. Principal Office Address <u>40 SWAN VIEW LN</u>		City <u>NORTH KINGSTOWN</u>	State <u>RI</u>
		Zip <u>02852</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>RICK BACCUS</u>		Vice-President Name <u>WALTER COELHO</u>	
Street Address <u>80 KINGSWOOD RD</u>		Street Address <u>162 KING PHILLIP ST</u>	
City <u>BRISTOL</u>	State <u>RI</u>	City <u>PORTSMOUTH</u>	State <u>RI</u>
Zip <u>02809</u>		Zip <u>02871</u>	
Secretary Name <u>VIRGINIA HANSON</u>		Treasurer Name <u>LAWRENCE A. MATIKA</u>	
Street Address <u>40 SWAN VIEW LN</u>		Street Address <u>35 ADAMS POINT RD</u>	
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	City <u>BARRINGTON</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02806</u>	
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 <u>MARK MOOSHAGIAN</u>		Director Name <u>MOLART TURENNE</u>	
Street Address <u>3 BEDLOW PL</u>		Street Address <u>49 SOWAMS RD</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>BRISTOL</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02809</u>	
Director Name <u>STEVE SKUBA</u>		Director Name	
Street Address <u>32 RIDGE RD</u>		Street Address	
City <u>BRISTOL</u>	State <u>RI</u>	City	State
Zip <u>02809</u>		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.			
<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 <u>LAWRENCE A. MATIKA, TREASURER</u>			Date <u>5-25-16</u>
Signature of Officer/Authorized Representative 			

FILED *SV*

MAY 31 2016

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