



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 2016

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. 53459		2. Exact name of the Corporation VIETNAM VETERANS OF AMERICA, CHAPTER 273	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO HELP FOSTER, ENCOURAGE, AND PROMOTE THE IMPROVEMENT OF THE VIETNAM ERA VETERAN	
5. Principal office address P.O. Box 9447		City PROVIDENCE	State RI Zip 02940
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name JOHN H. WEISS		Vice-President Name KARL W. ANTONOVICH	
Street Address 111 BROWN AVE		Street Address 1215 HOPE ST	
City JOHNSON	State RI	City BRISTOL	State RI Zip 02809
Secretary Name HOWARD R. TURNER		Treasurer Name LAWRENCE A. MATIKA	
Street Address 34 NEKICK RD		Street Address 35 ADAMS POINT RD	
City EAST GREENICH	State RI	City BARRINGTON	State RI Zip 02806
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name ROBERT A. VARESI		Director Name ROGER DI PIERRO	
Street Address 141 FEDERAL WAY #203		Street Address 14 CATALPA AVE	
City JOHNSON	State RI	City RIVERSIDE	State RI Zip 02915
Director Name ALSTON C. DAVIS		Director Name	
Street Address 79 BOWLETT ST		Street Address	
City PROVIDENCE	State RI	City	State Zip
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

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.

Lawrence A. Matika **5-11-16**
 Signature of Officer or Authorized Representative Date

LAWRENCE A. MATIKA
 Print or Type Name of Officer or Authorized Representative

Revised: 04/2014

FILED

MAY 31 2016

BY 1924