



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000028736

**2. Name of Corporation** Mt. Pleasant Chapter No 21 Disabled American Veterans of Prov., R. I.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 77 WEST VIEW AVE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

HELP PROVIDE ASSISTANCE FOR NEEDS OF ALL DISABLED VETERANS AND THEIR FAMILIES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES A. PASCETTA	21 HUNTERS RUN NORTH PROVIDENCE, RI 02904 USA
TREASURER	ANTHONY JAMES CALISE	77 WEST VIEW AVE CRANSTON, RI 02920 USA

DIRECTOR	ED NAPOLITANO	19 HUNTERS RUN NO. PROVIDENCE, RI 02904 USA
DIRECTOR	JAMES A PASCETTA	21 HUNTERS RUN NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	ANTHONY JAMES CALISE	77 WEST VIEW AVE CRANSTON, RI 02920 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ANTHONY CALISE 77 WEST VIEW AVE CRANSTON , RI 02920

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 1 Day of June, 2016 at 4:18:10 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANTHONY CALISE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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