



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.

1. Corporate ID No. 26969		2. Name of Corporation BAGGIO TOCCI POST 172 V. F. W.	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 12 WINTER ST.	
5. Foreign corporation. Enter principal office address		City Providence	Zip 02903
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ROLAND SATO MASSIMO		Vice President Name VINCENT PISANELLI	
Street Address 100 ATWELLS AVE		Street Address 127 FARMING AVE	
City Providence	State R.I.	City CRANSTON	State R.I.
Zip 02903		Zip 02920	
Secretary Name RALPH PAPERALLA		Treasurer Name CRISTOPHER DELAVENTURA	
Street Address 61 WAMPANOAG TR		Street Address 710 ATWELLS AVE	
City Riverside	State R.I.	City Providence	State R.I.
Zip 02915		Zip 02920	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name SILVIA DeLPHINO		Director Name EDWARD T ROSE	
Street Address 42 AIRPORT RD.		Street Address 815 SANDY LN APT. 114	
City COVENTRY	State R.I.	City WARWICK	State R.I.
Zip 02911		Zip 02889	
Director Name EDWARD LOTH		Director Name	
Street Address 867 CHURCH AVE.		Street Address	
City WARWICK	State R.I.	City	State
Zip 02889		Zip	
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Receiver-Ex-Officio.

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.

Signature of Officer
VINCENT PISANELLI
Date
Print or Type Name of Officer
VINCENT PISANELLI
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILE
JUN 06 2016
BY 1306 DS

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