



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	
82100		Dodge Goulais Memorial Assoc Inc.	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
Rhode Island		Fraternal Patriotic	
5. Principal Office Address		City	State
1108 Charles St.		North Prov.	RI
		Zip	02904
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name		Vice-President Name	
Joseph R. Jalbert		Thomas Koli	
Street Address		Street Address	
27 Woodward Rd.		8 May St.	
City	State	City	State
Lincoln	RI	North Prov	RI
Zip	02865	Zip	02904
Secretary Name		Treasurer Name	
Adolf Ricci		Gerald Tramontano	
Street Address		Street Address	
122 Raphael Ave		5 Remington St.	
City	State	City	State
Prov.	RI	N. Prov.	RI
Zip	02908	Zip	02904
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		Director Name	
Joseph R. Jalbert		John A. Dove	
Street Address		Street Address	
27 Woodward Rd.		120 Woodward Rd.	
City	State	City	State
Lincoln	RI	Prov.	RI
Zip	02865	Zip	02904
Director Name		Director Name	
Joe Baker			
Street Address		Street Address	
39 Lydia Ave.			
City	State	City	State
N. Prov.	RI		
Zip	02904	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		Date	
Gerald Tramontano		5-30-16	
Signature of Officer/Authorized Representative		SIGN DOCUMENT HERE	
Gerald Tramontano			

FILED

JUN 13 2016

BY

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