



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. 000934145

2. Name of Corporation The Michael Vogel Memorial Foundation, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 17 EDGEWOOD AVENUE

City or Town: WESTERLY

State: RI Zip: 02891 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

TO ADVANCE THE INTERESTS OF VETERANS OF THE UNITED STATES MILITARY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
DIRECTOR	MICHAEL SERRA	10 CANAL STREET, UNIT 32 WESTERLY, RI 02891 USA
DIRECTOR	NICHOLAS DELAURO	12 CANAL ST., APT. 204 WESTERLY, RI 02891 USA
DIRECTOR	R. COLBY CASTAGNA	1 WEST STREET, APT. 1943

		NEW YORK, NY 10004 USA
DIRECTOR	MARCUS CAPALBO	8 SHORELINE DRIVE WESTERLY, RI 02891 USA
DIRECTOR	CHRISTOPHER LIGOURI	91A WATCH HILL ROAD WESTERLY, RI 02891 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**

NICHOLAS DELAURO 12 CANAL STREET, APT. 204 WESTERLY, RI 02891

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

Signed this 30 Day of June, 2016 at 9:21:26 AM 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 MICHAEL SERRA
Signature of Authorized Person

Form No. 631
Revised 09/07

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