



**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. <b>151432</b>		2. Exact name of the Corporation <b>BUCCI-ATWOOD DETACHMENT, MARINE CORPS LEAGUE</b>			
3. State of Incorporation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO PRESERVE THE TRADITIONS OF AND TO PROMOTE INTERESTS OF THE UNITED STATES MARINE CORP</b>			
5. Principal office address <b>10 VIKING RD.</b>		City <b>CRANSTON</b>		State <b>R.I.</b>	Zip <b>02910</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>WAYNE T. SALISBURY SR. COMMANDANT</b>			Vice-President Name <b>GARY RODENBAUGH SR. VICE COMMANDANT</b>		
Street Address <b>10 VIKING RD.</b>			Street Address <b>12 DAWSON ST.</b>		
City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02910</b>	City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02861</b>
Secretary Name <b>NONE</b>			Treasurer Name <b>THOMAS DeFALCO ADJUTANT-PAYMASTER</b>		
Street Address <b>NONE</b>			Street Address <b>105 NEWMAN AVE APT S-709</b>		
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>RUMFORD</b>	State <b>R.I.</b>	Zip <b>02916</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>WAYNE T. SALISBURY DR.</b>			Director Name <b>GARY RODENBAUGH</b>		
Street Address <b>10 VIKING RD.</b>			Street Address <b>12 DAWSON ST.</b>		
City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02910</b>	City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02861</b>
Director Name <b>THOMAS DeFALCO</b>			Director Name		
Street Address <b>105 NEWMAN AVE APT S-709</b>			Street Address		
City <b>RUMFORD</b>	State <b>R.I.</b>	Zip <b>02916</b>	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.					

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2016 DEC 9 AM 10:15  
 02861

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**

**FILED**

**DEC 12 2016**

BY KL 290513

10.19

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 or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Wayne T. Salisbury  
 Print or Type Name of Officer or Authorized Representative