



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 26994	2. Exact name of the Corporation Italian American War Veterans of the United States, Inc.
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island Veteran & Family Affairs

5. Principal Office Address 15 Mercy Street	City Providence	State RI	Zip 02909
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6. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Oscar R Tassone			Vice-President Name Joseph A. Sauro		
Street Address 33 Columbine Ave			Street Address 26 Herbert Street		
City Pawtucket	State RI	Zip 02860	City East Greenwich	State RI	Zip 02818
Secretary Name Joseph M. Spannedda			Treasurer Name Angelo R Lauro		
Street Address 65 Rankin Avenue			Street Address 59 Maplehurst Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Oscar R. Tassone			Director Name Joseph A. Sauro		
Street Address 33 Columbine Avenue			Street Address 26 Herbert Street		
City Pawtucket	State RI	Zip 02860	City East Greenwich	State RI	Zip 02818
Director Name Joseph M. Spannedda			Director Name Angelo R Lauro		
Street Address 65 Rankin Avenue			Street Address 59 Maplehurst Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908

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 Angelo R Lauro	Date 5/9/17
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Signature of Officer/Authorized Representative

FILED

MAY 15 2017

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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