



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.

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 BUS SVCS DIV

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1. Entity ID Number 151432		2. Exact name of the Corporation BUCCI-ATWOODDETACHMENT, MARINE CORPS LEAGUE			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO PRESERVE THE TRADITIONS OF AND TO PROMOTE INTRESTS OF THR UNITED STATES MARINE CORP			
4. NAICS Code 813319					
6. Principal Office Address 10 VIKING RD.			City CRANSTON	State R.I.	Zip 02910
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name WAYNE T. SALISBURY SR. COMMANDANT			Vice-President Name GARY RODENBAUGH SR. VICE COMMANDANT		
Street Address 10 VIKING RD.			Street Address 12 DAWSON ST.		
City CRANSTON	State R.I.	Zip 02910	City PAWTUCKET	State R.I.	Zip 02861
Secretary Name NONE			Treasurer Name THOMAS DeFALCO ADJUTANT-PAYMASTER		
Street Address NONE			Street Address 105 NEWMAN AVE APT. S-709		
City NONE	State NONE	Zip NONE	City RUMFORD	State R.I.	Zip 02916
8. 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 WAYNE T. SALISBURY SR.			Director Name GARY RODENBAUGH		
Street Address 10 VIKING RD			Street Address 12 DAWSON ST.		
City CARANSTON	State R.I.	Zip 02910	City PAWTUCKET	State R.I.	Zip 02861
Director Name THOMAS DeFALCO			Director Name		
Street Address 105 NEWMAN AVE APT. S-709			Street Address		
City RUMFORD	State R.I.	Zip 02916	City	State	Zip
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative WAYNE T. SALISBURY SR.					Date 6-29-2017
Signature of Officer/Authorized Representative <i>Wayne T. Salisbury Sr.</i>					

FILED

JUN 30 2017

BY *du* 307320

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