



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

Annual Report for the year: 2018

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 107834		2. Exact name of the Corporation MARINE CORPS LEAGUE, DEPT OF RHODE ISLAND			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island MILITARY / FRATERNAL			
4. NAICS Code 928110					
6. Principal Office Address P.O. BOX 7908		City WARWICK		State RI	Zip 02887
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JANE DEPTULA		Vice-President Name PATRICK MAGUIRE			
Street Address 10 FIVE ELMS CIRCLE		Street Address 11 HICKORY ROAD			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name MICHAEL ZAINO		Treasurer Name DAVID J. MAHON			
Street Address 5 SYLAN DRIVE		Street Address 53 COVENTRY DRIVE			
City EAST GREENWICH	State RI	Zip 02818	City COVENTRY	State RI	Zip 02816
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 PAUL CAMPBELL		Director Name DAWN CAMPBELL			
Street Address 52 PLANET AVENUE		Street Address 52 PLANET AVENUE			
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Director Name FRANK DOLAN		Director Name JOSEPH RAZZA			
Street Address 7 O'HARE COURT		Street Address 34 GLENN BROOK ROAD			
City COVENTRY	State RI	Zip 02816	City WARWICK	State RI	Zip 02889
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 DAVID J. MAHON / PAYMASTER				Date 25 MAY 2018	
Signature of Officer/Authorized Representative <i>David J. Mahon</i> PAYMASTER					

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

FILED

MAY 31 2018

BY

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FORM 631 - Revised: 11/2017