



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


Annual Report for the year: **2019**
 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.

FILED

JUN 21 2019 *al*

RY 10869

1. Entity ID Number 1338212		2. Exact name of the Corporation Branch 15, National Association of Letter Carriers Corp			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Building for members to transact business, sponsor charitable and recreational events, and develop methods for improvement of the US mail system.			
4. NAICS Code 813930 - Labor Unions and !					
6. Principal Office Address 800 Oaklawn Ave., Suite B-1			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ingrid Armada			Vice-President Name John Cullinane		
Street Address 201 Hoffman Ave. Apt # 7			Street Address 9 Cynthia Drive		
City Cranston	State RI	Zip 02920	City Coventry	State RI	Zip 02816
Secretary Name John Barbery Jr			Treasurer Name Joan Crugnale		
Street Address 98 RESERVOIR RD			Street Address 26 Waterview Drive APT E		
City CHEPACHET	State RI	Zip 02814	City Smithfield	State RI	Zip 02917
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 Joseph DiLucia			Director Name Dave Laboissonniere		
Street Address 72 Texas Ave			Street Address PO BOX 44		
City Providence	State RI	Zip 02904	City Geenville	State RI	Zip 02828
Director Name Michael G. Cardarelli Jr.			Director Name		
Street Address 53 Fairfield Road			Street Address		
City Cranston	State RI	Zip 02910	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 Ingrid Armada, President					Date 6/12/19
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov