



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
AUG 19 2019
 BY 421 DS

1. Entity ID Number 000086894		2. Exact name of the Corporation Special Forces Association of Rhode Island ChapterXL			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To form an association of past and present personnel of the US Special Forces for certain patriotic and charitable purposes			
4. NAICS Code 813920 - Professional Orgar					
6. Principal Office Address 3210 Post Road		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vincent Andreozzi		Vice-President Name Vito Pezzillo			
Street Address 15 Church Street		Street Address 8 Red Robin Road			
City Barrington	State RI	Zip 02806	City Cranston	State RI	Zip 02820
Secretary Name Thomas Duffney		Treasurer Name Shaun Greenwood			
Street Address 156 Mountaindale Road		Street Address 274B Shannock Hill Road			
City Smithfield	State RI	Zip 02917	City South Kingstown	State RI	Zip 02879
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 James Wheeler		Director Name Anthony DaCosta			
Street Address 3 Bates Trail		Street Address 4980 North Main Street Bldg 5 Apt 29			
City West Greenwich	State RI	Zip 02817	City Fall River	State MA 027	Zip
Director Name Dennis Gardiner		Director Name			
Street Address 2 Springbrook Road		Street Address			
City Wyoming	State RI	Zip 02898	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 Charles T. Knowles Registered Agent and Duly Authorized Representative				Date 16 August 2019	
Signature of Officer/Authorized Representative <i>Charles T Knowles</i> SIGN DOCUMENT HERE					