



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
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					

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