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

FILED
JUN 08 2020
BY 1603

Annual Report for the year: 2020
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	2. Exact name of the Corporation
000086894	**Special Forces Association of Rhode Island-Chapter XLIII (48)**
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	City	State	Zip
3210 Post Road	**Warwick**	**RI**	**02886**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **VITO PEZZILLO**			Vice-President Name **THOMAS DUFFNEY**		
Street Address **8 RED ROBIN ROAD**			Street Address **156 MOUNTAINDALE ROAD**		
City **CRANSTON**	State **RI**	Zip **02920**	City **SMITHFIELD**	State **RI**	Zip **02917**
Secretary Name **STEPHEN P. KELLEY**			Treasurer Name **JOHN HARDMAN**		
Street Address **SMITHFIELD**			Street Address **2 CHISWICK COURT**		
City **RI**	State **02917**	Zip	City **GREENVILLE**	State **RI**	Zip **02828**

8. List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **CHARLES J. STALLINGS**			Director Name **IRVING J OWENS**		
Street Address **21A PARIS OLNEY HOPKINS ROAD**			Street Address **1 NETOP COURT**		
City **FOSTER**	State **RI**	Zip **02525**	City **EAST GREENWICH**	State **RI**	Zip **02818**
Director Name **CHARLES T. KNOWLES**			Director Name		
Street Address **56 FOWLER STREET**			Street Address		
City **NORTH KINGSTOWN**	State **RI**	Zip **02852**	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
CHARLES T. KNOWLES	**JUNE 3, 2020**

Signature of Officer/Authorized Representative: Charles T. Knowles 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

FORM 631 - Revised: 05/2017