	State of Rhode Island and Providence Plantations Department of State - Business Services Division
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2020

	Figure 1	
	JUN 0 8 2020	
BY_	1603	

Annual Report for the year: **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.

					<u> </u>			
1. Entity ID Number	2 Exact name of the Corporation							
000086894	Special Forces Association of Rhode Island-Chapter XLIII (48)							
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
Rhode Island	To form an association of past and present personnel of the US Special FOrces for							
4. NAICS Code	certain patriotic and charitable purposes							
813920 - Professional Organ								
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 RC	DAD		Street Address 156 MOUNTAINDALE ROAD					
City CRANSTON	State RI	Zip 02920	City SMITHFIELD	State RI	Zip 02917			
Secretary Name STEPHEN P. KE	LLEY		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 a	ddresses) RI Cor	porations MUST I		Check the box to indi	cate an attachment			
Director Name CHARLES J. STA	LLINGS		Director Name IRVING J OWENS					
Street Address 21A PARIS OLNE	EY HOPKINS R	OAD	Street Address 1 NETOP COURT					
City FOSTER	State RI	Zip 02525	City EAST GREENWICH	State RI	^{Zip} 02818			
Director Name CHARLES T. KN	OWLES	•	Director Name					
Street Address 56 FOWLER STR	EET		Street Address					
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip			
9. Registered Agent in Rhode Islan	nd. This information	is currently of recor	d in the Department of State. Changes	require filing Form 6	41.			
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 Pre-	sident, Vice-President,	Secretary, Assistant S	ecretary, Treasurer, duly Authorized Represe	ntative, Receiver or Tru	stee.			
Name of Officer/Authorized Repres	sentative			Date				
CHARLES T. KNOWLES				JUNE 3, 2020				
Signature of Officer/Authorized Representative 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