



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000103272

**2. Name of Corporation** THE CHARLESTOWN MEMORIAL DAY COMMITTEE, INC.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813110

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 74  
City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ORGANIZE AND PROMOTE ACTIVITIES DESIGNED TO EDUCATE RESIDENTS OF  
THE COMMUNITIES OF RI REGARDING THE SACRIFICES MADE BY THEIR  
FOREFATHERS THAT CULMINATED IN THE RECOGNITION OF MEMORIAL DAY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSEPH DOLOCK	38 EAST QUAIL RUN CHARLESTOWN, RI 02813 USA
TREASURER	EVELYN J SMITH	P O BOX 1379 CHARLESTOWN, RI 02813 USA
SECRETARY	ANDY CHECCIA	73 CHEROKEE BEND CHARLESTOWN, RI 02813 USA
DIRECTOR	JOHN NELSON	P O BOX 74 CHARLESTOWN, RI 02813 USA
VICE PRESIDENT	HEATHER PALIOTTA	P O BOX 633 CHARLESTOWN, RI 02813 USA
ASSISTANT SECRETARY	STEPHANIE ROBINSON	P O BOX 633 CHARLESTOWN, RI 02813 USA
DIRECTOR	LYNNE HEIDTMAN	P O BOX 74 CHARLESTOWN, RI 02813 USA
DIRECTOR	JAMES O BRIEN	10 CEDAR RD. CHARLESTOWN, RI 02813 USA
DIRECTOR	SANDRA KARASUK PUCHALSKI	P O BOX 388 CHARLESTOWN, RI 02813 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

EVELYN J. SMITH 50 PIETILA ROAD P.O. BOX 1379 CHARLESTOWN , RI 02813

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

**Signed this 19 Day of September, 2020 at 9:59:07 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By EVELYN J. SMITH  
Signature of Authorized Person

Form No. 631  
Revised 09/07