RI SOS Filing Number: 202193530090 Date: 3/3/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

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2021 MAR -3 PM 12:51

1. Entity ID Number	2. Exact name of the Corporation
151432	BUCCI-ATWOOD DETACHMENT, MARINE CORPS LEAGUE
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: TO PRESERVE THE TRADITIONS OF AND TO PROMOTE INTERESTS OF THE UNITED STATES MARINE CORP
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
10 VIKING RD	CRANSTON	R.I.	02910

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

President Name: WAYNE T. SALISBURY SR. COMMANDANT			Vice-President Name: GARY RODENBAUGH SR. VICE COMMANI		
Street Address: 10 VIKING ROAD			Street Address: 12 DAWSON STREET		
City: CRANSTON	State: R.I.	Zip: 02910	City: PAWTUCKET	State: R.I.	Zip: 02861
Secretary Name: NONE			Treasurer Name: THOMAS A. DEFALCO ADJUTANT-PAYMASTEI		
Street Address: NONE			Street Address: 105 NEWMAN AVE APT S709		
City: NONE	State: NONE	Zip: NONE	City: RUMFORD	State: R.I.	Zip: 02916

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

Director Name: WAYNE T. SALISBURY SR.			Director Name: GARY RODENBAUGH		
Street Address: 10 VIKING ROAD			Street Address: 12 DAWSON STREET		
City: CRANSTON	State: R.I.I	Zip: 02910	City: PAWTUCKET	State: R.I.	Zip: 02861
Director Name: THOMAS A DEFALCO			Director Name:		
Street Address: 105 NEWMAN AVE APT S709			Street Address:		
City: RUMFORD	State: R.I.	Zip: 02916	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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
WAYNE T. SALISBURY SR	MARCH 3 2021

Signature of Officer/Authorized Representative

FILED
MAR 03 2021
BY

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: 08/2020