




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED STAMP
 R.I. DEPT OF STATE
 BUS SVCS DIV
 2022 DEC -7 A 10:11

1. Entity ID Number 000026254		2. Exact name of the Corporation Amancio-Falcone-Gaccione Post 8955, VFW of the United States			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To foster veterans of overseas conflicts, serve veterans, the military & communities. Advocate on behalf of all veterans. Ensure veterans are respected, always receive their entitlements.			
4. NAICS Code 813990 Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 113 Beach Street			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Pietraallo			Vice-President Name Walter S Fricke		
Street Address 6 Wall St			Street Address 68 Oak St		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name William D Hellner			Treasurer Name Anthony G Smith		
Street Address PO Box 652			Street Address 3 Longvue Ave		
City Ashaway	State RI	Zip 02804	City Westerly	State RI	Zip 02891
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 Michael Pietraallo			Director Name Anthony G Smith		
Street Address 6 Wall St			Street Address 3 Longvue Ave		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name GinaMarie R Doherty			Director Name Raphael J Tomao		
Street Address 10 Osage Dr			Street Address 66 Tum A Lum Cir		
City Middletown	State RI	Zip 02842	City Westerly	State RI	Zip 02891
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Anthony G Smith				Date 11/30/2022	
Signature of Officer/Authorized Representative 				FILED 10/2 DEC 07 2022 BY MB elozD	

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