



State of Rhode Island
Department of State - Business Services Division

FILED
 FEB 10 2023
 BY *HSK*

Annual Report for the year: 2023
 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.

1. Entity ID Number 001338212		2. Exact name of the Corporation Branch 15, National Association of Letter Carriers Corp.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROVIDING A MEETING PLACE WHERE ITS MEMBERS CAN TRANSACT BUSINESS; WHERE MEMBERS AND THEIR FAMILIES MAY FIND A RECREATIONAL FACILITY.			
4. NAICS Code 813930 - Labor Unions and Si					
6. Principal Office Address 800 OAKLAWN AVE, SUITE B-1		City CRANSTON	State RI	Zip 02920	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name INGRID ARMADA		Vice-President Name JOAN E CRUGNALE			
Street Address 201 HOFFMAN AVENUE, APARTMENT 7		Street Address 26 WATERVIEW DR, APT E			
City CRANSTON	State RI	Zip 02920	City SMITHFIELD	State RI	Zip 02917
Secretary Name EVAN R COHEN		Treasurer Name JOHN J BARBERY JR			
Street Address 63 MAPLEWOOD DRIVE		Street Address 98 RESERVOIR ROAD			
City EAST GREENWICH	State RI	Zip 02818	City CHEPACHET	State RI	Zip 02814
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 PHILIP W RIGGI		Director Name JOSEPH PIRES			
Street Address 8 WAYCROSS DRIVE		Street Address 22 ANAMA AVE			
City WARWICK	State RI	Zip 02888	City RUMFORD	State RI	Zip 02916
Director Name ANTHONY IANIERO		Director Name			
Street Address 149 EAST SHORE DRIVE		Street Address			
City COVENTRY	State RI	Zip 02816	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JOHN J BARBERY JR				Date 2/2/2023	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov