



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

**DEC 29 2023**  
BY *HAY*  
*OS*

**Annual Report for the year: 2024**

**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 <b>000026254</b>		2. Exact name of the Corporation Amancio-Falcone-Gaccione Post 8955, Veterans of Foreign Wars of the United States			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To foster support for veterans of overseas conflicts, serve veterans, the military, and Rhode Island communities. Advocate on behalf of all veterans. Ensure that veterans are respected and that they receive their entitlements			
4. NAICS Code 813990					
6. Principal Office Address 113 Beach Street			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael Pietraallo</b>			Vice-President Name <b>Walter S. Fricke</b>		
Street Address <b>6 Wall Street</b>			Street Address <b>68 Oak Street</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>William D. Hellner</b>			Treasurer Name <b>William D. Hellner</b>		
Street Address <b>9 Hillside Avenue</b>			Street Address <b>9 Hillside Avenue</b>		
City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>	City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Dora T. Vasquez-Hellner</b>			Director Name <b>William G. Siano</b>		
Street Address <b>9 Hillside Avenue</b>			Street Address <b>5 Shetland Drive</b>		
City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>	City <b>Bradford</b>	State <b>RI</b>	Zip <b>02808</b>
Director Name <b>Philip A. Maniscalco</b>			Director Name <b>NONE</b>		
Street Address <b>23 Franklin Street Unit 17</b>			Street Address <b>NONE</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02804</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>William D. Hellner</b>				Date <b>12/26/2023</b>	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

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