



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

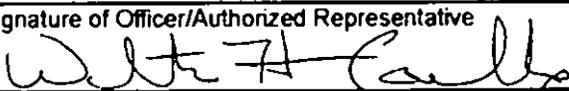
FILED

FEB 01 2024

BY P. J. 1129

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 000084085		2. Exact name of the Corporation Disabled American Veterans Lawson-Raiola East Bay Chapter 15			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO assist all Disabled Veterans title 7-6			
4. NAICS Code 813990					
6. Principal Office Address 400 Hope Street			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Walter Coelho			Vice-President Name Anthony Ballirano		
Street Address 162 King Phillip St			Street Address 16 Rowena Drive		
City Portsmouth	State RI	Zip 02871	City Riverside	State RI	Zip 02915
Secretary Name Virginia Hanson			Treasurer Name Virginia Hanson		
Street Address 40 Swan View Lane			Street Address 40 Swan View Lane		
City North Kingstown	State RI	Zip 02842	City North Kingstown	State RI	Zip 03842
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 Rodriques			Director Name Steve Scuba		
Street Address 112 Bradford Street			Street Address 32 Ridge Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Anthony Ballirano			Director Name		
Street Address 16 Rowena Drive			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Walter H. Coelho				Date 1/30/2024	
Signature of Officer/Authorized Representative 					

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