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State of Rhode Island
Department of State - Business Services Division

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 001732181		2. Exact name of the Corporation Tabor Franchi Post 2396 Veterans of Foreign Wars			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A fraternal, patriotic, historical and educational organization Title 7-6			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 170 Randall Street		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 Carlos A. Barbeiro			Vice-President Name Salvatore J. Capirchio		
Street Address 6 Rancocos Drive			Street Address 9 Wellspring Drive		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02920
Secretary Name			Treasurer Name Wilson A. Soto		
Street Address			Street Address 241 Cottage Street, 2nd Floor		
City	State	Zip	City Woonsocket	State RI	Zip 02895
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 Carlos A. Barbeiro			Director Name Salvatore J. Capirchio		
Street Address 6 Rancocos Drive			Street Address 9 Wellspring Drive		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02920
Director Name Wilson A. Soto			Director Name		
Street Address 241 Cottage Street, 2nd Floor			Street Address		
City Woonsocket	State RI	Zip 02895	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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Carlos A. Barbeiro, President					Date 9/24/2024
Signature of Officer/Authorized Representative 					

FILED
SEP 24 2024
BY JHMTB
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MAIL TO:
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