



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FILED

MAR 18 2025
BY *SSY*
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1. Entity ID Number 000028736		2. Exact name of the Corporation Mt Pleasant Chapter 21 Disabled American Veterans of Prov RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Help provide assistance for needs of all disabled veterans and their families			
4. NAICS Code 624120					
6. Principal Office Address 4 Tennant Way			City Attleboro	State MA	Zip 02703
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Marino			Vice-President Name Gille Arruda		
Street Address 27 Sydney Rose Court			Street Address 59 Pearl Street		
City Johnston	State RI	Zip 02910	City North Providence	State RI	Zip 02904
Secretary Name Edward Napolitano			Treasurer Name Dennis J. Del Donno		
Street Address 19 Hunters Run Road			Street Address 4 Tennant Way		
City North Providence	State RI	Zip 02904	City Attleboro	State MA	Zip 02703
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 Robert Marino			Director Name Edward Napolitano		
Street Address 27 Sydney Rose Court			Street Address 19 Hunters Run Road		
City Johnston	State RI	Zip 02910	City North Providence	State RI	Zip 02904
Director Name Dennis J. Del Donno			Director Name		
Street Address 4 Tennant Way			Street Address		
City Attleboro	State MA	Zip 02703	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 Robert Marino				Date March 13, 2025	
Signature of Officer/Authorized Representative <i>Robert Marino</i>					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov