



State of Rhode Island
Department of State - Business Services Division

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.

FILED STAMP
 APR 27 2023
 537

1. Entity ID Number 000086894		2. Exact name of the Corporation Special forces Association of Rhode Island Chapter XLVIII (48)			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To form an association of past and present personnel of the US Special Forces for certain patriotic and charitable purposes			
4. NAICS Code 813920-Professional Org					
6. Principal Office Address 56 Fowler Street		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas Duffney			Vice-President Name Alan Tolleson		
Street Address 156 Mountindale Road			Street Address P.O. Box 1013		
City Smithfield	State RI	Zip 02917	City Bristol	State RI	Zip 02809
Secretary Name Stephen P. Kelley			Treasurer Name John Hardman		
Street Address 15 Mountindale Road			Street Address 2 Chiswick Court		
City Smithfield	State RI	Zip 02917	City Greenville	State RI	Zip 02828
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 Charles J Stallings			Director Name John Nottell		
Street Address 21A Paris Olney Hopkins Road			Street Address 24 Lodi Court		
City Foster	State RI	Zip 02525	City Warwick	State RI	Zip 02886
Director Name Charles T. Knowles			Director Name		
Street Address 56 Fowler Street			Street Address		
City North Kingstown	State RI	Zip 02852	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 CHARLES T. KNOWLES				Date April 25, 2023	
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