



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

**Annual Report for the year:  
 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.

2024

**FILED**

MAR 04 2024

BY

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