



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 *

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 159350
2. Name of Corporation Disabled American Veterans Department of Rhode Island
3. State of Incorporation RHODE ISLAND
4. Corporate address in Rhode Island - Street Address 1 CAPITOL HILL LEVEL G
City Providence Zip 02908
5. Foreign corporation: Enter principal office address City State Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
SERVICE DISABLED AMERICAN VETERANS AND THEIR FAMILIES AND ORPHANS WITHIN THE STATE OF RHODE ISLAND

7. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENTS) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOHN T BEADLE
Street Address 32 LAURIE AVENUE
City ABINGTON State MA Zip 02351-2131
Vice President Name JAMES ROBBINS
Street Address 1153 CENTRAL AVENUE
City Pawtucket State R.I. Zip 02861-2223
Secretary Name ALBERT V. LEEHANE
Street Address 21 EAST STREET
City Cumberland State R.I. Zip 02864-1803
Treasurer Name MICHAEL L. MORIARTY
Street Address 847 WEST SHORE RD.
City WARWICK State R.I. Zip 02889-2628

Director Name MICHAEL S. MINUTELLI
Street Address 32 PLATT ST
City BRISTOL State R.I. Zip 02809-4334
Director Name RICHARD W. SCHATZ
Street Address 20 EAST STREET
City CUMBERLAND State R.I. Zip 02864-1803
Director Name VIRGINIA HANSON
Street Address 76 BLISS RD
City NEWPORT State R.I. Zip 02840-1859
Director Name JAMES A. WRIGHT
Street Address 249 ANN STREET
City CUMBERLAND State R.I. Zip 02864-2219

Agent Name ALBERT V. LEEHANE
Address 1 CAPITOL HILL LEVEL G
City PROVIDENCE RI Zip 02908

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 5 9 3 5 0

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.

Signature of Officer Albert V. Leehane Date 8-12-2007
Print or Type Name of Officer ALBERT V. LEEHANE
Title of Officer DEPARTMENT SECRETARY

*159350 DNP 07/12/07 10:10:56 AM
FILED
File Date
Check No. **SEP 21 2007**
By: 477 3478
FOR SECRETARY OF STATE USE ONLY