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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 2008

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

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.	2. Name of Corporation		
30312	ROGER WILLIAMS POST 35 AMERICAN LEGION INC		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	285 SMITH ST	PROVIDENCE	02905
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*

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
CARLTON LONERGAN	81 STANSBURY ST	PROVIDENCE	R.I	02905

Vice President Name	Street Address	City	State	Zip
PHILLIP CINQUEGRANO	P.O. BOX 41093	PROVIDENCE	R.I.	02908

Secretary Name	Street Address	City	State	Zip
PHILLIP CINQUEGRANO	P.O BOX 41093	PROVIDENCE	R.I	02908

Treasurer Name	Street Address	City	State	Zip
ROBERT HALLEJIAN	117 EDDIE DOWLING HWY	N. SMITHFIELD	R.I.	02896

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Street Address	City	State	Zip
JAMES LEMLIN	153 HENDRICK ST	PROVIDENCE	R.I	02908

Director Name	Street Address	City	State	Zip
JOHN MULHOLLAND	50 RANDAL ST	PROVIDENCE	R.I.	02904

Director Name	Street Address	City	State	Zip
JOSEPH W CONLEY	188 CHATHAM ST APT 38	PROVIDENCE	R.I	02904

Director Name	Street Address	City	State	Zip
ELIZABETH CAMP	25 NICHOLAS BROWN YARD	PROVIDENCE	R.I	02904

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address	City	Zip
CARLTON LONERGAN	81 STANSBURY ST	PROVIDENCE R.I.	02908

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

[redacted] [redacted]

FILED
File Date JUN 03 2008
Check No.
By By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Carlton Lonergan 6/1/08
Signature of Officer *Date*

CARLTON LONERGAN
Print or Type Name of Officer

POST COMMANDER
Title of Officer

Form 631 Rev. 12/06

23034-11-260633