



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
 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
 * 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. 43628		2. Name of Corporation SAYLESVILLE Post 33 AMERICAN Legion	
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address 40 CHAPEL STREET c/o PO BOX 515	
		City LINCOLN	State RI
		Zip 02865	
5. Foreign corporation. Enter principal office address			
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Robert W KAY		Vice President Name Robert FERDINI	
Street Address 5 HOLIDAY DRIVE		Street Address 6 COM STOCK STREET	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
Secretary Name N/A		Treasurer Name JOHN J MOLLEN	
Street Address		Street Address 130 PROGRESS STREET	
City	State	City LINCOLN	State RI
Zip 02865		Zip 02865	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 George HADLEY		Director Name ROBERT HEATON	
Street Address 6 EDGE HILL AVE		Street Address 326 ANSELL ROAD	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
Director Name		Director Name NORMAN A WHITEHEAD	
Street Address		Street Address 5 CAMBRIDGE DR	
City	State	City LINCOLN	State RI
Zip 02865		Zip 02865	
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 Robert W KAY		Address	
Address 5 HOLIDAY DRIVE		City LINCOLN	State RI
		Zip 02865	

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

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: Robert W Kay
Date: 6/24/08
Print or Type Name of Officer: ROBERT W KAY
Title of Officer: Commander / President 6/24/08

FILED
 File Date: JUN 25 2008
 Check No.: 1506
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY