



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. <b>DND-67463</b>		2. Name of Corporation <b>BULPITT-MORAN-NOEL Post #2686 VETERANS OF FOREIGN WARS OF THE U.S.</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>137 SCITUATE AVE.</b>	
		City <b>JOHNSTON</b>	Zip <b>02919</b>
5. Foreign corporation. Enter principal office address <b>N/A</b>		City	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>FRATERNAL, PATRIOTIC, HISTORICAL AND EDUCATIONAL. TRUE ALLEGIANCE TO THE UNITED STATES. ASSIST COMRADES AND ORPHANS</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>KENNETH L. PHILLIPS</b>		Vice President Name <b>PAUL E. ARCAND</b>	
Street Address <b>3595 POST ROAD, APT. 20-202</b>		Street Address <b>54 BELFIELD DRIVE</b>	
City <b>WARWICK</b>	State <b>R. I.</b>	City <b>JOHNSTON</b>	Zip <b>02919</b>
Secretary Name <b>JEAN P. ARCAND</b>	Treasurer Name <b>JEAN P. ARCAND</b>		
Street Address <b>137 SCITUATE AVE.</b>		Street Address <b>137 SCITUATE AVE.</b>	
City <b>JOHNSTON</b>	State <b>R. I.</b>	City <b>JOHNSTON</b>	Zip <b>02919</b>
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 <b>KENNETH L. PHILLIPS</b>		Director Name <b>NORMAN BENNETT</b>	
Street Address <b>3595 POST ROAD, APT. 20-202</b>		Street Address <b>P.O. Box 593</b>	
City <b>WARWICK</b>	State <b>R. I.</b>	City <b>GLENDALE</b>	Zip <b>02826</b>
Director Name <b>JEAN P. ARCAND</b>		Director Name <b>PAUL E. ARCAND</b>	
Street Address <b>137 SCITUATE AVE.</b>		Street Address <b>54 BELFIELD DR.</b>	
City <b>JOHNSTON</b>	State <b>R. I.</b>	City <b>JOHNSTON</b>	Zip <b>02919</b>
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 <b>JEAN P. ARCAND</b>		Address	
Address <b>137 SCITUATE AVE.</b>		City <b>JOHNSTON</b>	Zip <b>02919</b>

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

<b>FILED</b>	
File Date	<b>JUN 30 2008</b>
Check No.	<b>771</b>
By:	<b>[Signature]</b>
FOR SECRETARY OF STATE USE ONLY	

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.

**Jean P. Arcand** 6-25-08  
Signature of Officer Date

**JEAN P. ARCAND**  
Print or Type Name of Officer

**ADJ. - G.M. (SECRETARY-TREASURER)**  
Title of Officer