

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401 222

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 2. Name of Corporation	10 44		ملتوري و رسيمي
3. State of incorporation 4. Corporate address in Rhode Island - Street Address	arial Tost 4	Satthe	V - W USA
	' 4 £	Paris	d20/69
5. Foreign corporation. Enter principal office address	City	State _	Zip .
	11	RT	129139
6. Briefbescription of the character of the affairs which are actually conducted in Rhode Is	land	121-1-	19079
Veterans of Foreign War of USA			
	Vice President Name	BEFORE USING ATTAC	HMEN15
Noscanna TEVans	Robert ,	T. Simo	oneau
290 Killinaly Street	2/Alden	Stree	<i>C</i>
City State Zip B2969	City To bustons	State T	162919
Secretary Name	Treasurer Name	<i>V.)</i>	14 / //
Amanda Octeau	Dale Sin	1KINS	
115 Gildsmith Ave	Street Address	1 14,11 0	Ave
City State Zip	City	State	Zip/ 0 1 (2)
E. Prov. 101 02914	Prov	INI	142909
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THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)	1	BE LESS THAN THRE	E(3). R.I.G.L. 7-6-23
Director Name	Director Name	C Cum.	ن جو دی ه
Dasil Madyun	Street Address	$\sim \sim 1 mc$	NEZY
34 Belmont Ave	10 F. D. W.	7. Stm	P = (-
City State Zip	Citi	State	Zip
Provide RT Bagos	M. Prov.	RT	132911
Director Name	Director Name		5
Alissa SIMONEAU			~
Street Address Street	Street Address		27
City Zip	City	State	<i>∰</i>
N Prov. R.I. 429/1	1 .		ار الله الله الله الله الله الله الله ال
9. REGISTERED AGENT IN RHODÉ ISLAND			N Com
This information is currently of record in the Office of the Secretary of Sta	nte. Changes require filing of For	m 641 - R.I.G.L. 7-6-13/	77- 16- 78
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee			
FILED			
MAY 2 7 2009			
By Millinder, 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.			
File Date Roseanna Evand 27 May 0			
Signature of Officer Date			
Check No ROSCZNNZ & EVZNS			
By:	Print or Type Name of t		
	Presio	lent	
FOR SECRETARY OF STATE USE ONLY	Tule of Officer		
			Form 631 Rev. 09/17