

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 2009
Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Corporate ID No.	2. Name of Corporation			
6720	Nelson, Mack, Narragansett Post No:		Wars of the United State	9S
state of incorporation	4. Corporate address in Rhode Island - Street Address		City	Ziţò
<u> </u>	7 Haven Avenue		Cranston	02920
oreign corporation. End	r principal office address	Сйу	State	Zip
FRAfeRNA	racter of the affairs which are actually conducted in Rhode 1, PATriotic, Historica	Stand - Stucktions		
NAMES AND ADDRE	ESSES OF THE OFFICERS: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS
ident Name LOWRENC	E R. NATAliA	Vice President Name	A. PARR	
1652 CR	onston St.	Street Address HEROL	Street	
RANSTON	R. I. 02920	CRANSTON	R.I.	02921
Michael	Gincheri	Treasurer Name JAMES Z	= Mc Can	V
treet Address INCENT DRIVE		Street Address TRIMTOWN Rd.		
Tobuston NAMES AND ADDRE	State R. T 02919 ESSES OF THE DIRECTORS: ("X" BOX FOR AT	No. Scitunte	State, I. CES BEFORE USING ATT	O285
E NUMBER OF DIR	ECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL N	NOT BE LESS THAN TH	<u>REE</u> (3). R.I.G.L. 7
LUIGI VACCARO		JAMES E. M. CANN		
28 HARRIS AVE		127 TRIM TOWN Rd.		
RANSTON	State R. I. 210 02910	No. Scituat	E R.I	0285°
ector Name 	R. Natolia	Director Name	GiAcheri	
1652 CRANSTON St.		Street Address / INCENT DRIVE		
ROWS TOW REGISTERED AGENT	State, T 02857	Johnston	State I.	02919
is information is curre	ntly of record in the Office of the Secretary of S	tate. Changes require filing of	f Form 641 - R.I.G.L. 7-6-	-13/7-6-78

This report must be signed by either the President,	Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
2 6720	Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED Check No. JUN 0 4 2009 By:	spacements contained herein are true and correct. (INC) Signature of Officer Date Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	TREASUREK Title of Officer Form 631 Rev. 09/17