

A. Ralpb 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.

* 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 Con	poration						
29158	1 '	Wanskuck Post No. 56 American Legion Home Association						
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address City Zip						
Rhode Island		287 Veazie Street			02904			
5. Foreign corporation. Enter			City	Providence State	Zip			
6. Brief Description of the chare	ucter of the affairs whi	ich are actually conducted in R	Phode Island	<u> </u>				
veterans organization								
7. NAMES AND ADDRES	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SPACE	S BEFORE USING ATTA	CHMENTS			
President Name				Vice President Name				
Monoog Vartian			Joseph P. Richardson					
Street Address			Street Address					
1550 Douglas Avenue			1650 Douglas Avenue Apt. 3117					
City	State	Zip	City	State	Zij)			
North Providence	_ RI	02904	North Providence	RI	02904			
Secretary Name	-		Treasurer Name		02007			
Raymond J. Pard, Sr.			Kenneth L. Richardson					
Street Address P.O. Box 6372			Street Address 201 Woodlawn Avenue Apt. 211					
City	State	Zψ	City					
Providence	RI	_ ·	1	State	Zψ			
		02904	North Providence **ATTACHMENT** FILL IN SPACE	RI	02904			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLA) Director Name Kenneth L. Richardson Street Address			Director Name					
							Robert Righie Street Address	
			201 Woodlawn Avenu		<u></u>	39 King Street		
			City	State	Zip	City	State	Zψ
North Providence	RI	02904	North Providence	RI	02911			
irector Name			Director Name					
Raymond J. Pard, Sr.			None					
Street Address			Street Address					
D.O. D 0070								
		Zij)	City	State	Zip			
Оцу	State			· ·				
P.O. Box 6372 Gity Providence	RI	02904						
Сйу	RI	02904	1	İ				
cuy Providence 9. registered agent	RI IN RHODE ISLA	02904 ND	of State Changes require fill FF		277.6.70			
City Providence 9. registered agent	RI IN RHODE ISLA	02904 ND	of State. Changes require filing of F	Form 641 - R.I.G.L. 7-6-1	3/7-6-78			

FILED File Date	
JUN 0 9 2009	
ву. By <u>259</u>	_
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have e report, including any accompanying schedules and statement	
statements contained herein are true and correct.	
Signature of Officer	Date
Kenneth L. Richardson	
Print or Type Name of Officer	
Treasurer	
Title of Officer	

Form 631 Rev. 09/17