



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 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. 87742		2. Name of Corporation COURNOYER, DUCHARME, GOSSELIN, LAMBERT V.F.W. of US			
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address 99 LOUISE ST		City WOON	Zip RI 02895
5. Foreign corporation. Enter principal office address WATER		City WOON	State RI	Zip 02895	
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 MELVIN B DEFOE			Vice President Name		
Street Address 218 POND ST APT 413			Street Address		
City WOON	State RI	Zip 02895	City	State	Zip
ROBERT J DERISE TRUSTEE			Treasurer Name LIONEL R GODIN		
Street Address 13 CHURCH ST			Street Address 38 FOX BROOK MANOR		
City Blackstone	State MASS	Zip 01504	City BLACKSTONE	State MASS	Zip 01504
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 ROGER E PETIT			Director Name ROBERT J DERISE (TRUSTEE)		
Street Address 50 HYLSWORTH AVE			Street Address 13 CHURCH ST		
City WOON	State RI	Zip 02895	City BLACKSTONE	State MASS	Zip 01504
Director Name ROGER L BERGERON			Director Name		
Street Address 162 JOFFRE DR			Street Address		
City WOON	State RI	Zip 02895	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of 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

FILED

File Date JUL 27 2009
Check No. By 1866
By:

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.

Signature of Officer
LIONEL R GODIN

Print or Type Name of Officer
LIONEL R GODIN

Title of Officer
QUARTER MASTER