

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

401.222.3040

2009

## 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. 2. Name of Corporation 1. Corporate ID No. WILLIAM SHIELDS JR POST AMERICAN LEGION HOME ASSOCIATION, INC. 28855 Zip 4. Corporate address in Rhode Island - Street Address City 3. State of Incorporation WARWICK 02889 662 WEST SHORE ROAD RHODE ISLAND State 5. Foreign corporation. Enter principal office address City ZibN/A N/A N/A 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO MAINTAIN AND CONTROL THE WILLIAMS SHIELDS POST AMERICAN LEGION HOME Jananijs and addresses of the oppiders, (x\* box for attachment) 🔲 fill in spaces before using aftachments. Vice President Nac President Name Emile Johnson DAVID A GOLDE Street Address 118 Lella Street 61 WILBUR AVENEUE Providence State State ZipCitv 02905 RI RI 02889 WARWICK RI Treasurer Name Secretary Name RONALD BAILEY DAVID LEVESQUE Street Address Street Address 31 HACKMAN PLACE 1414 NEW LONDON TURNPIKE State City Zip City State 02889 RI WARWICK 02920 **RANSTON** RI S NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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 Director Name Richard Leach Thomas Holm Street Address Street Address Brightside Avenue State Zib State RΙ 02889 Warwick 02905 Warwick RT Director Name Director Name STEVE HOCKHOUSEN Street Address 92 SECOND POINT ROAD ZiD City City State  $Z_{1D}$ RI 02889 WARWICK 9 TIGISTERPO AGENT IN RHODE ISTAND 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

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report, including any accomp	panying schedules and state	ments, and that all
statements contained herein	are true and correct.	,
Day is	a. gul	
Signature of Officer		Date
David A	Golde	
Print or Type Name of Officer		
President		
Title of Officer		

Form 631 Rev. 09/17