

A. Ralph Mollis, Secretary of State Corporations Division

. 148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010.

401.222.3040

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	n			· · · · · · · · · · · · · · · · · · ·	
000026911	AUBURN POST AMERICAN LEGION HOME ASSOCIATION					
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip	
RI	7 LEGION WAY	(CRANSTON	02910	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character of	of the affairs which are	actually conducted in Rhod	le Island			
FRATERNAL VETERA	ANS GROUP PRO	MOTING VETERAN	S AND REMEMBERANCE CACHMENT) FILL IN SPACE	OF FALLEN VETS ES BEFORE USING ATTAC	CHMENTS	
President Name			Vice President Name			
R. DENNIS RATCLIFFE			JOHN MARSHALL JR.			
Street Address			Street Address			
36 VINCENT WAY			33 BONNIE BROOK DRIVE			
City	State	Zip	City	State	Ζip	
CRANSTON	RI	02921	CUMBERLAND	RI	02864	
Secretary Name ROBERT HAROOTUNIAN			Treasurer Name MARCEL D'AUTEUIL			
Street Address 6 HARVARD STREET			Street Address 84 MASON AVENUE			
City	State	Ζψ	Ciţv	State	Z.ip	
CRANSTON	RI	02920	CRANSTON	RI	02910	
8. NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR AT	TACHMENT) TILL IN SPAC	ES BEFORE USING ATTA	CHMENTS	
THE NUMBER OF DIRECTO						
Director Name			Director Name			
DONALD SALK			JOHN VOCCOLA			
Street Address			Street Address			
143 HOFFMAN AVE. AP	T 109		107C WARREN AVE.			
City	State	Zip	City	State	Zip	
CRANSTON	RI	02920	CRANSTON	RI	02920	
Director Name			Director Name			
WILLIAM CALDARONE						
Street Address			Street Address			
239 ONLY ARNOLD ROA	AD					
City'	State	Zip	City	State	Zip	
CRANSTON	RI	02921	1			
9. REGISTERED AGENT IN 1	RHODE ISLAND					
This information is currently c	of record in the Offi	ce of the Secretary of S	State. Changes require filing of	Form 641 - R.I.G.L. 7-6-13	77-6-78	
This report must	be signed by either	the President. Vice I	President, Secretary, Assistant	Secretary, Treasurer, Rece	viver or Trustee	

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		FILED	
		ILLD	7
File Date		JUL 08 2010	
Check No.		1000	
Ву:	BY_	7408	İ

Under penalty of perjury, I dec	clare and affirm that I h	ave examined this
eport, including any accompan	ying schedules and state	ments, and that all
tatements contained herein are	tore and correct,	
Wedness (7/6/20
	my L	10/00
ignature of Officer		Date

R. DENNIS RATCLIFFE

Print or Type Name of Officer

DDECIDENT