



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 2011

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. 87326 | | 2. Name of Corporation AMERICAN LEGION AUXILIARY, DEPARTMENT of Rhode Island | |
| 3. State of Incorporation RI | | 4. Corporate address in Rhode Island - Street Address 55 ALGONQUIN DR | |
| | | City WARWICK | Zip 02888 |
| 5. Foreign corporation. Enter principal office address | | City | State |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island VETERAN SUPPORT ORGANIZATION | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name LORRAINE BOUCHER | | Vice President Name DIANE WINSTON | |
| Street Address 104 BUCKEYE BROOK RD. | | Street Address 173 HATTEN ST. | |
| City CHARLESTOWN | State RI | City E. PROVIDENCE | State RI |
| Zip 02813 | | Zip 02914 | |
| Secretary Name BEVERLY BURNS | | Treasurer Name THERESA ZITCAK | |
| Street Address 55 ALGONQUIN DR | | Street Address PO BOX 75 | |
| City WARWICK | State RI | City GLENDALE | State RI |
| Zip 02888 | | Zip 02826 | |
| 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 DONNA RIVET | | Director Name COLLEEN FLYNN | |
| Street Address 221 NORTH RD. | | Street Address 73 SUNRISE AVE. | |
| City PASCOAG | State RI | City W. WARWICK | State RI |
| Zip 02859 | | Zip 02893 | |
| Director Name TERESA LACROIX | | Director Name VIRGINIA DEMERS | |
| Street Address 65 OLD NORTH RD. | | Street Address 1 MENDON RD #813 | |
| City COVENTRY | State RI | City CUMBERLAND | State RI |
| Zip 02816 | | Zip 02864 | |
| 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 **JUN 21 2011**

Check No. **By** **mmc**

By: **2835**

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.

Beverly Burns **6/15/11**
Signature of Officer Date
BEVERLY BURNS
Print or Type Name of Officer
DEPARTMENT SECRETARY
Title of Officer