

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
20// 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 201/

			T MUST BE TYPED OR PRI s annual report within the time pr		
1. Corporate ID No.	2. Name of Corporation GILBERT	- BURTON POS	T 4487 VPM		
3. State of Incorporation R I	4. Corporate address in 5 2 UN DE	Rhode Island - Street Address RUND LANE P. C	o. Box 4113	MIDDLETOWN	zip 02842
5. Foreign corporation. Enter pro	ncipal office address		City	State	Zip
6. Brief Description of the characte	r of the affairs which are a	ctually conducted in Rhode Isl	land		<u>-</u>
A CL	UB FOR Ve	TERANS			
7. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR ATTACE	MENT) [FILL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name			Vice President Name		
ONRAE TILLERY Street Address			Street Address		
59 JOHN H		ND APT. 215	614 KENNOI	V ST.	
NEWPORT	State	02840	MINDLETOWN	State RI	02842
Secretary Nume NONE (TBI)			Treasurer Name JUAN M. AGUUN		
Street Address			Street Address 74 THIRD BE	ACH ROAD	
City	State	Zip	74 THIRD BE MINDLETOWN	State RT	zip 02842
8. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	, , , _	
	ORS OF A DOMESTA	IC (RHODE ISLAND)	CORPORATION <u>SHALL NOT</u>	BE LESS THAN THRE	E (3). R.I.G.L. 7-6-23
Director Name WILLIAM MCCOLLUM			Director Name		
Street Address of CATHY CIRCLE			Street Address 251 MAPLE AV. #101		
FORTSMOUTH	State RI	гф 02871	NEWPORT	State	0284C
Director Name ANTHONY G. TOBBEN			Director Name UAN M		
Street Address 54 SINVII			Street Address THIRI) 14 BEACH K		¥ 2e
City PORTSMOUTH	State RI	^{zφ} ο2871	M. DDLETOWN	State RT	02842
9. REGISTERED AGENT IN	RHODE ISLAND			·	15 69 0
This information is currently	of record in the Offic	e of the Secretary of Stat	e. Changes require filing of For	rm 641 - R.I.G.L. 7-6-13	7-6-78 <
This report mus	st be signed by either	h Pestient Vice Pres	sident, Secretary, Assistant Se	cretary, Treasurer, Rece	eiver or Trustee
	(JUI	N 28 2011			
	BY JUI	Marrie J.			
	X 29.1	147430 7	report, including any a		that I have examined this not reatened, and that all

BY	
X 29.17	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and matements, and that all statements contained herein are true and correct.
File Date	Signaluse of Officer Date DATE Date
By:FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer RESIDENT COMMANIER Title of Officer
	Form 631 Rev. 09/17