



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000505292		2. Exact name of the Corporation OPERATION ON EAGLES WINGS		3. State of Incorporation RI		4. Corporate Address in RI: Street Address 88 PERRY ST		City CF		Zip 02863	
5. Foreign corporation. Enter principal office address NA		City NA		State RI		Zip 02863		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE FOR EMOTIONAL SPIRITUAL SOCIAL AND VOCATIONAL SERVICES TO ALL US VETERANS AND FAMILIES		2012 MAY 03	
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>											
President Name KENNETH STEBENNE						Vice-President Name BETSY McLAUGHLIN					
Street Address 88 PERRY ST						Street Address 88 PERRY ST					
City CF		State RI		Zip 02863		City CENTRAL FALLS		State RI		Zip 02863	
Secretary Name DANIEL R COONEY						Treasurer Name DAVID LUCAS					
Street Address 11 CLAY ST						Street Address 461 MAIN ST					
City CF		State RI		Zip 02863		City PROVIDENCE		State RI		Zip 02860	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>											
Director Name KENNETH R. STEBENNE						Director Name BETSY McLAUGHLIN					
Street Address 88 PERRY ST						Street Address 88 PERRY ST					
City CF		State RI		Zip 02863		City CF		State RI		Zip 02863	
Director Name DAVID LUCAS CPA						Director Name DANIEL R COONEY					
Street Address 461 MAIN ST						Street Address 11 CLAY ST					
City CF		State RI		Zip 02860		City CF		State RI		Zip 02860	
9. REGISTERED AGENT IN RHODE ISLAND											
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.											

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE BY _____

FILED

MAY 03 2012

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2:03

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

Date

Print or Type Name of Officer

Title of Officer