



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. <u>000505292</u>		2. Exact name of the Corporation <u>OPERATION ON EDGES WINGS</u>		2012 MAY SECRETARY OF STATE CORPORATIONS DIVISION	
3. State of Incorporation <u>RI</u>		4. Corporate address in RI Street Address <u>88 PERRY ST</u>		City <u>CF</u>	Zip <u>02863</u>
5. Foreign corporation. Enter principal office address <u>NA</u>		City	State	Zip	
6. Brief description of the character of business conducted in Rhode Island <u>TO PROVIDE FOR EMOTIONAL SPIRITUAL SOCIAL AND VOCATIONAL SERVICES TO ALL US VETERANS AND FAMILIES</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>KENNETH STEBENNE</u>			Vice-President Name <u>BETSY McLAUGHLIN</u>		
Street Address <u>88 PERRY ST</u>			Street Address <u>88 PERRY ST</u>		
City <u>CF</u>	State <u>RI</u>	Zip <u>02863</u>	City <u>CENTRAL FALLS</u>	State <u>RI</u>	Zip <u>02863</u>
Secretary Name <u>DANIEL R COONEY</u>			Treasurer Name <u>DAVID LUCAS</u>		
Street Address <u>11 CLAY ST</u>			Street Address <u>461 MAIN ST</u>		
City <u>CF</u>	State <u>RI</u>	Zip <u>02863</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02860</u>
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 <u>KENNETH R. STEBENNE</u>			Director Name <u>BETSY McLAUGHLIN</u>		
Street Address <u>88 PERRY ST</u>			Street Address <u>88 PERRY ST</u>		
City <u>CF</u>	State <u>RI</u>	Zip <u>02863</u>	City <u>CF</u>	State <u>RI</u>	Zip <u>02863</u>
Director Name <u>DAVID LUCAS CPA</u>			Director Name <u>DANIEL R COONEY</u>		
Street Address <u>461 MAIN ST</u>			Street Address <u>11 CLAY ST</u>		
City <u>CF</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>CF</u>	State <u>RI</u>	Zip <u>02860</u>
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: _____

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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.

Kenneth R. Stebenne 5/3/12
 Signature of Officer Date

KENNETH STEBENNE
 Print or Type Name of Officer

PRESIDENT
 Title of Officer