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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 2011

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.**

2012 MAY -3 P 2:03 SECRETARY OF STATE CORPORATIONS

1. Entity ID No.	2. Exact name of the Corporation		
000505292	OPERATION ON EAGLES WINGS		
3. State of Incorporation	4. Corporate Address in RI Street Address	City	Zip
RI	88 PERRY ST	CF	02863
5. Foreign corporation. Enter principal office address	City	State	Zip
NA			
6. Brief description of the character of business conducted in Rhode Island			
TO PROVIDE JOB TRAINING SPIRITUAL SOCIAL AND VOCATIONAL SERVICES TO OUR US VETERANS AND FAMILIES			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
KENNETH STEBENNE	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	**Treasurer Name**
DANIEL F COONEY	DAVID LUCAS
Street Address: 111 CLAY ST	Street Address: 461 MAIN ST
City: CF State: RI Zip: 02863	City: PAWTUCKET 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) ☐

Director Name	Director Name
KENNETH R. STEBENNE	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	**Director Name**
DAVID LUCAS CPA	DANIEL F COONEY
Street Address: 461 MAIN ST	Street Address: 111 CLAY ST
City: CF State: RI Zip: 02863	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

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MAY 03 2012
BY 169897
2:03

File Date _____
Check No _____
By: _____
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.

Signature of Officer — Date 3/3/2012

KENNETH STEBENNE
Print or Type Name of Officer

DOES
Title of Officer

Form No. 631
Revised: 01/2012
776893-715458