

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 - Ju Filing Fee: \$20.00 • FAIL	_		-	~	PENALTY F	EE.	
1. Entity ID No.	2. Exact name of the Corporation NORTH KINGS TOWN MEMORIAL POST#152 VETERAN						TANS
66389	OF FOREIGN WARS OF THE UNITED STATES INC.						
3. State of Incorporation RHODE ISLAND	4. Corporate Addr	ess in RI - Street Addre	ess	City NORTH	+	Zip	852
5. Foreign corporation. Enter princ			City		State	Zip	
6. Brief description of the character FRATERNAL, PRESERVE AND	PATRIOT ID STRENG	IC, HISTOR STEN COMRA	DESHIP A	EDUCAT	TONAL MEME	:TO BERS	
7. LIST ALL OFFICERS (NAMES	S AND ADDRESSE	S) ("X" BOX FOR AT					
President Name GEORGE	Vice-President Name GER ALD R. DAVIS						
Street Address 1235 OLD E			Street Address 661 COA	IGDON HI	LL ROP	1 D	
N. KINGS TOWN	State R T	Zip ひみ85ユ		RSTOWN	State R.I.	Zip 02	874
Secretary Name ROBERT A	1450N			CICK TO K	USHN	iR	
Street Address 34 WHITE B	BIRCH COU	IRT	Street Address 211 CHA	HOSEY RO	Ab		
N. KINGS TOWN	State R. I.	Zip. 2852	N. KINGS	TOW N	State R.I.	Zip U2	852
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)							
Director Name GERALD R. DA			Director Name	15 6. CA	RDOUL		
Street Address 661 CONG DON			Street Address	U DRIVE		7173	
SAUNDERSTAWN	State R.T.	Zip 02874	City	GSTOWN	State	Zip 02-8	P52
Director Name ROBERT F. SCI		102011	Director Name			1000	, 00-
Street Address 163 PARTITION	EDWARD STEWART Street Address 24 GATEWAY ROAD						
City WARWICK	State R-I	07888	City N. KINGS	STALLAL	State 17. I	Zip (2) 2.	P52
9. REGISTERED AGENT IN RHO		10000	1 1	- 1000	1 , , +-	100	
This information is currently of		ce of the Secretary of	State. Changes re	quire filing Form (641.		
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee							
File Date		FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,				
Check No			and that all sta	rtements contained	d herein are to $\mathcal{K}_{\mathcal{A}}$	rue and c	orrect. ちょし_1つ
By:		MAY 1 4 2012	Signature of Off	nick J.	WITCH		Date

FOR SECRETARY OF STATE USE OF S FREDERICK T. KUSHNIR
Print or Type Name of Officer TREASURER Form No. 631 Title of Officer Revised: 01/2012