



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. 28675		2. Exact name of the Corporation Providence Post No. 1, The American Legion, Department of Rhode Island			
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address P.O. BOX 40461		City PROVIDENCE	Zip 02940-0461
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island VETERANS AFFAIRS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT PEZZULLO			Vice-President Name CHARLES R. BRULE		
Street Address 567 SMITHFIELD ROAD			Street Address 20 STANLEY AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02904	City BARRINGTON	State RI	Zip 02806
Secretary Name HOWARD B. WEBSTER JR.			Treasurer Name PAUL RILEY		
Street Address 93 OLD OAK AVENUE			Street Address 191 CLAYPOOL DRIVE		
City CRANSTON	State RI	Zip 02920	City WARWICK	State RI	Zip 02886
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 ROBERT PEZZULLO			Director Name CHARLES R. BRULE		
Street Address 567 SMITHFIELD ROAD			Street Address 20 STANLEY AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02904	City BARRINGTON	State RI	Zip 02806
Director Name HOWARD B. WEBSTER JR			Director Name PAUL RILEY		
Street Address 93 OLD OAK AVENUE			Street Address 191 CLAYPOOL DRIVE		
City CRANSTON	State RI	Zip 02920	City WARWICK	State RI	Zip 02886
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 ONLY

BY _____

FILED

MAY 21 2012

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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.

Howard B Webster Jr 06/01/2012
 Signature of Officer Date

HOWARD B. WEBSTER JR.

Print or Type Name of Officer

SECRETARY/ADJUTANT

Title of Officer