



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/business

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. 000062529		2. Exact name of the Corporation SOUTHEASTERN NEW ENGLAND CHAPTER MILITARY OFFICERS ASSOCIATION OF AMERICA	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island EDUCATE and AID Active duty AND Retired Uniformed SERVICE members + their families with Benefits	
5. Principal office address 322 COREY Lane		City MIDDLETOWN	State RI
		Zip 02842	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name SHIRLEY A. HILL		Vice-President Name DAVID L. FINK	
Street Address 322 COREY Lane		Street Address 3 GRANADA Terrace	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
Secretary Name KAREN GRIFFIN		Treasurer Name WILLIAM "BOB" UNOSKO	
Street Address 24 MARK LANE		Street Address P.O. Box 15	
City PORTSMOUTH	State RI	City WAKEFIELD	State RI
Zip 02891		Zip 02880	
7. 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 ROY CALLAHAN		Director Name ANDRAN TRIPLETT	
Street Address 218 Goddard Row		Street Address 15 SQUANTUM DRIVE	
City NEWPORT	State RI	City MIDDLETOWN	State RI
Zip 02840		Zip 02842	
Director Name VINCENT MESSINA		Director Name MARIA CARROLL	
Street Address 400 SHIPPECTOWN Rd		Street Address 22 WILLIAM DRIVE	
City EAST GREENWICH	State RI	City MIDDLETOWN	State RI
Zip 02818		Zip 02842	
8. 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 _____

FILED

Check No _____

MAY 21 2012

By: _____

6828

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.

Shirley A Hill 5/17/2012
Signature of Officer Date

FOR SECRETARY OF STATE USE ONLY

SHIRLEY A. HILL
Print or Type Name of Officer

President
Title of Officer