

A. Raiph Moliis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/2

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.							
1. Corporate ID No.	2. Name of Corporation	T I EEED AN	E VETERANS OF	FORKIN WAS	PS PACT 1271		
3. State of Incorporation	4. Corporate address in	Rhode Island - Street Address	, VEI EIGHS OF I	City	Zip		
R1	36 YORK	KAVE		PAWTE	02860		
5. Foreign corporation. Enter principal office address			City	State	Zip		
		. U					
6. Brief Description of the character			ιμπα				
HELPING V	leterans,	EIC.	_				
	S OF THE OFFICER	S: ("X" BOX FOR ATTACE	HMENT) THILL IN SPACES	BEFORE USING ATTA	CHMENTS		
President Name NORMAN C.	LESIEDA	o	Vice President Name KENNETH W. SHORTEN				
Street Address			Street Address				
	ESTNUT .	STREET	City	State 24	STREET		
CENTRALS FALLS	R./·	07863	LINCOLN	<i>R</i> /	02865		
Secretary Name		D	Treasurer Name				
WILL	AM C.	DONNELLY		-CAME			
Street Address 36 Ya	PRK AUF.		Sweet Address				
City PAWT	State R.1.	²⁴ 02860	Guy	State	Zip		
			CHMENT) FILL IN SPACES				
	ORS OF A DOMEST	TIC (RHODE ISLAND)	CORPORATION SHALL NOT	BE LESS THAN THE	<u>REE</u> (3). R.I.G.L. 7-6-23		
JOE RABBITT			JAMES A. WRIGHT				
Siveel Address 466 HUNT STREET			249 ANN STREET				
CENTRAL FALLS	State R./.	02863	CUMBERLAND	State R1.	02864		
JUSEPH A OLIVIER			Director Name LARRY HOLDEN				
Street Address 417 BROWN ST / APT 35			Street Address 10 FRANKLIN ST./AFT 126				
City ATTLEBORO	State MASS	Zip 02703	City LINCOLN	State R1.	Zip 62865		
9. REGISTERED AGENT IN	RHODE ISLAND	•					
This information is currently	of record in the Offi	ce of the Secretary of Sta	te. Changes require filing of Fo	orm 641 - R.I.G.L. 7-6-	13/7-6-78		
			esident, Secretary, Assistant S				
This report into	at be argined by entire	in the crossident, the rec	,	,,,,			

File Date				
Check No. MAY 25 2012	<u>L</u> †:	Hd	IS HAY 25	S
By: 171326	OIV TATE	SNO S : O	YATATE AS	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all SECRETARY

Title of Officer