



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. 88878		2. Exact name of the Corporation LTS. ARMSTRONG-GLADDING ASSOCIATION. INC			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island SUPPORT VETERANS AND THEIR FAMILIES.			
5. Principal office address 2 SALEM STREET			City PROVIDENCE	State R. I.	Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("7" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name WESLEY S. BRIGGS			Vice-President Name JAMES D. CLAYTON		
Street Address 51 GEORGIA AVE.			Street Address 95 CORINTH ST.		
City PROVIDENCE	State R. I.	Zip 02905	City PROVIDENCE,	State R. I.	Zip 02907
Secretary Name FREDERICK CORREY SR.			Treasurer Name MONTREL J. NORRIS		
Street Address 225 NEW LONDON AVE. APT-7			Street Address P.O. BOX 5650.		
City CRANSTON	State R. I.	Zip 02920	City PROVIDENCE	State R. I.	Zip 02903
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 RICHARD MAYNARD			Director Name ROBERT MILES JR.		
Street Address 41 MOORE ST.			Street Address 1 CHESTNUT ST. APT-407		
City PROVIDENCE	State R. I.	Zip 02907	City PROVIDENCE	State R. I.	Zip 02903
Director Name PETER P SOARES			Director Name		
Street Address 29 AUTUMN ST.			Street Address		
City PROVIDENCE	State R. I.	Zip 02905	City	State	Zip
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

FILED

JUN 01 2012

6362

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 6-01-2012

Print or Type Name of Officer
M. J. NORRIS-

Title of Officer
FINANCE/OFFICER