



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. 31485		2. Exact name of the Corporation BLOCK ISLAND POST #36 OF THE AMERICAN LEGION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address LEGION SQUARE - PO BOX 777		City BLOCK ISLAND	State RI	Zip 02807	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name DANIEL J. MILLEA		Vice-President Name DONALD LITTLEFIELD			
Street Address PO BOX 133 - AMY DODGE LANE		Street Address PO BOX 524 - CORN NECK ROAD			
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Secretary Name WILLIAM J. McKERNAN		Treasurer Name SAM SPAK			
Street Address PO BOX 1618 - AMY DODGE LANE		Street Address PO BOX 1143 - MITCHELL LANE			
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name DANIEL J. MILLEA		Director Name DONALD LITTLEFIELD			
Street Address PO BOX 133 - AMY DODGE LANE		Street Address PO BOX 524 - CORN NECK ROAD			
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Director Name WILLIAM J. McKERNAN		Director Name SAM SPAK			
Street Address PO BOX 1618 - AMY DODGE LANE		Street Address PO BOX 1143 - MITCHELL LANE			
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 07 2012

BY

120012

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

06-01-2012

Date

SAM SPAK

Print or Type Name of Officer

TRTREASURER

Title of Officer