



**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. 30625		2. Exact name of the Corporation Post #79 Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To manage the Bar, Club, and properties of Post #79 Inc.			
5. Principal office address 44 Central Street			City Central Falls	State RI	Zip 02863
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name Dennis T. Golda			Vice-President Name John Lubera		
Street Address 168 Columbine Avenue			Street Address 51 Talcott Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02860
Secretary Name Eugene R. Pytka			Treasurer Name Richard Cartwright		
Street Address 333 Minerva Avenue			Street Address 19 Sanford Avenue		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name Dennis T. Golda			Director Name Eugene R. Pytka		
Street Address 168 Columbine Avenue			Street Address 333 Minerva Avenue		
City Pawtucket	State RI	Zip 02861	City Cumberland	State RI	Zip 02864
Director Name Richard Cartwright			Director Name Alexander Grudzien		
Street Address 19 Sanford Avenue			Street Address 1 Mendon Road Apt. 315		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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 13 2012

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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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.

*Eugene R. Pytka* 6/12/2012  
 Signature of Officer Date

Eugene R. Pytka

Print or Type Name of Officer

Secretary

Title of Officer