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.	2. Exact name of the Corporation
48687	U.S. NAVY CRUISER SAILORS ASSN
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	NAVY VETERAN

5. Principal office address	City	State	Zip
17 WILLIAM DRIVE	MIDDLETOWN	RI	02842

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
JAMES W. JENSEN	CHANNING ZUCKER
Street Address: 460 SWAN HILL DR PO Box 65	Street Address: 14640 HOYLAKE DR
City: BIGFORK · State: MT · Zip: 59911	City: VIRGINIA BEACH · State: VA · Zip: 23462
Secretary Name	**Treasurer Name**
BILL SPERBERG	EDWARD J. AUGUST
Street Address: 754 POINT ARGUELLO	Street Address: 21 COLONIAL WAY
City: OCEANSIDE · State: CA · Zip: 92058	City: REHOBOTH · State: MA · Zip: 02769

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
ALAN VAN BLADEL	JOSEPH J. ZARACHOWICZ
Street Address: 112 E. CANTERBURY DR.	Street Address: 7004 FAIT AVE
City: ARLINGTON HEIGHTS · State: IL · Zip: 60004	City: BALTIMORE · State: MD · Zip: 21224
Director Name	**Director Name**
CARL KISTNER	JAMES F. CHRYST
Street Address: 3611 SEIBERLING RD	Street Address: 34 SNYDER HOLLOW RD
City: N. CHARLESTON · State: SC · Zip: 29418	City: NEW PROVIDENCE · State: PA · Zip: 17560

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 15 2012
BY 3538

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.

Edward J. August — 6/13/12
Signature of Officer — Date

EDWARD J. AUGUST
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised: 05/2012

79391-9-759855