



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. 26838		2. Exact name of the Corporation Elmwood Post Memorial Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island American Legion			
5. Principal office address 12 View Avenue			City Warwick	State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Beard			Vice-President Name Kenneth Cahoon		
Street Address 29 Craig Road			Street Address 406 Wellington Avenue		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02910
Secretary Name George Paguin			Treasurer Name Ernest Campos Jr.		
Street Address 46 Palmer Avenue			Street Address 12 View Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
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 Ernest Gerundio			Director Name Charles Costello		
Street Address 139 Veazie Street			Street Address 777 Cowesett Road		
City Providence	State RI	Zip 02908	City Warwick	State RI	Zip 02886
Director Name Leon Ruhle			Director Name Carl Anderson		
Street Address 777 Cowesett Road			Street Address 27 Wellington Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 21 2012

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BY _____

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.

Ernest Campos Jr. 6/20/12
 Signature of Officer Date

Ernest Campos Jr
 Print or Type Name of Officer

Treasurer
 Title of Officer