



**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. 28855		2. Exact name of the Corporation WILLIAM SHIELDS JR. POST AMERICAN LEGION HOME ASSOCIATION NC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO MAINTAIN AND CONTROL THE WILLIAM SHIELDS POST HOME			
5. Principal office address 662 WEST SHORE ROAD		City WARWICK	State RI	Zip 02889	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name EDWARD JOHNSON			Vice-President Name MICHAEL MORELLI		
Street Address 5300 POST ROAD #247			Street Address 3539 WEST SHORE ROAD		
City EAST GREENWICH	State RI	Zip 02818	City WARWICK	State RI	Zip
Secretary Name DAVE LEVESQUE			Treasurer Name THOMAS HOLM		
Street Address 1414 NEW LONDON AVENUE			Street Address 127 BRIGHTSIDE AVENUE		
City CRANSTON,	State RI	Zip 02920	City WARWICK	State RI	Zip 02889
<b>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"/></b>					
Director Name STEVE HOUCKHOUSEN			Director Name JOSEPH CALIGIURI		
Street Address 92 SECOND POINT ROAD			Street Address 81 WINE STREET		
City WARWICK	State RI	Zip 02889	City CRANSTON	State RI	Zip 02920
Director Name			Director Name RICHARD LEACH		
Street Address			Street Address 64 DALLAS STREET		
City	State	Zip	City WARWICK	State RI	Zip 02889
<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 22 2012

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.

540

*Edward Johnson* 6-20-12  
 Signature of Officer Date

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

Print or Type Name of Officer  
Pres.  
 Title of Officer