



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	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
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 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
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

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